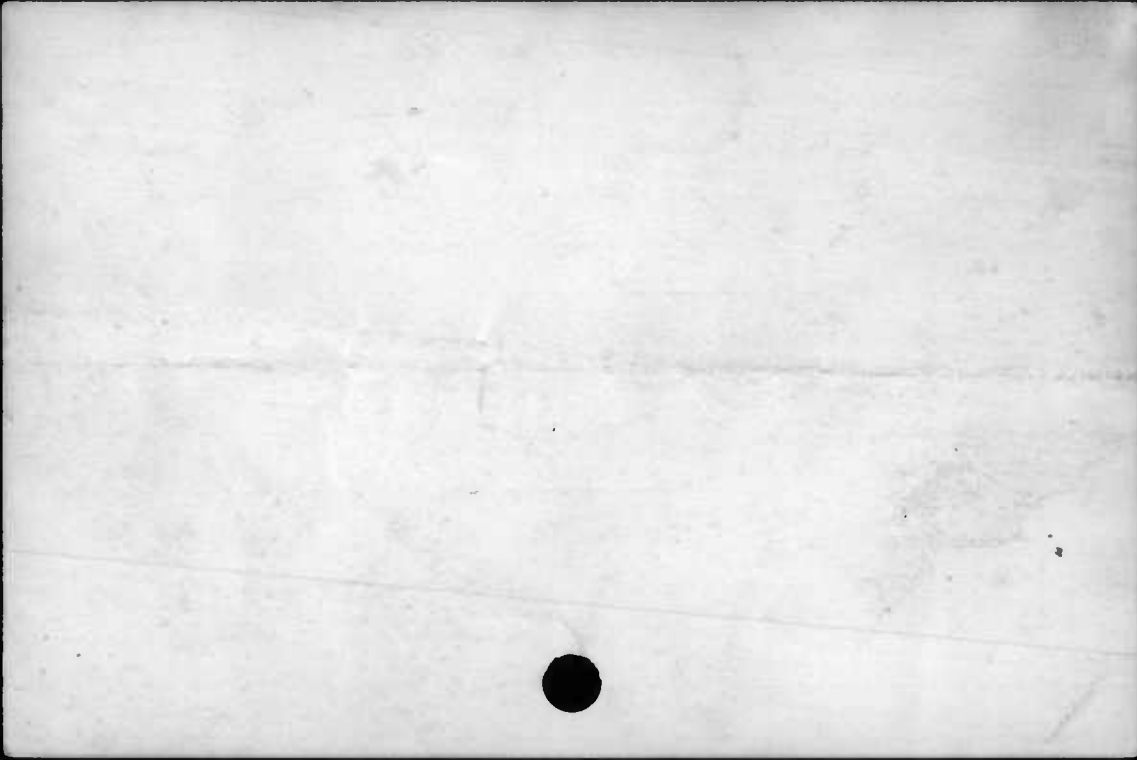


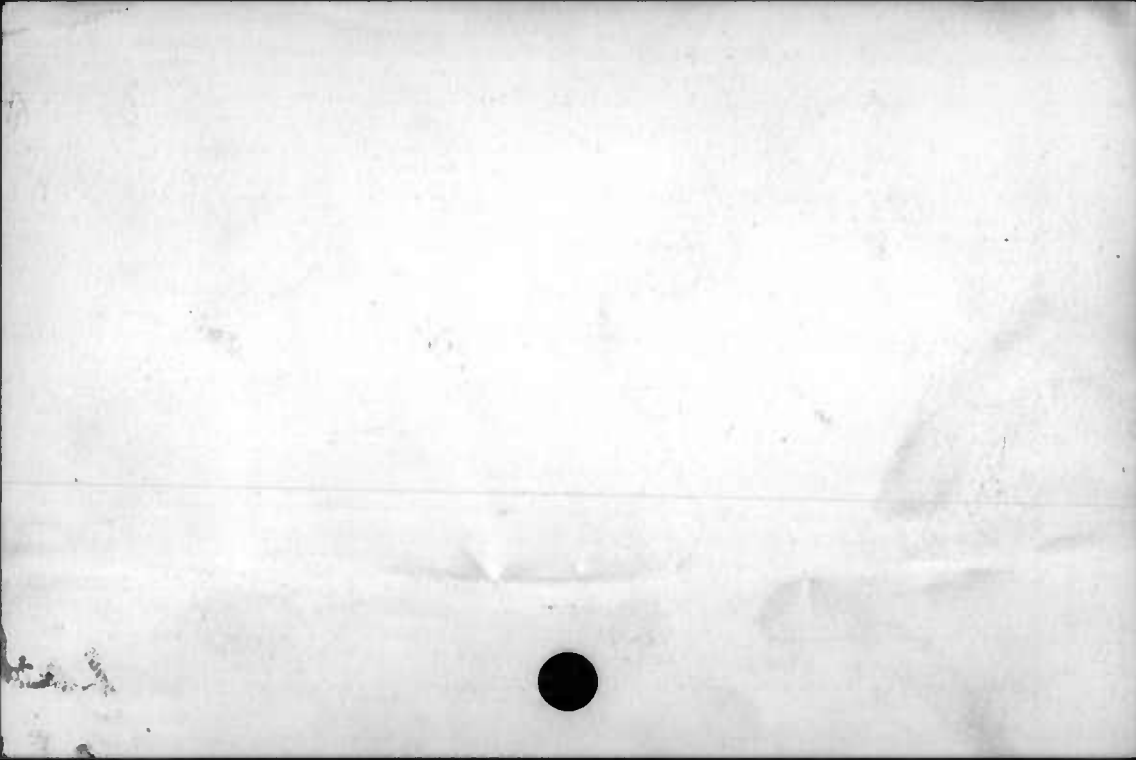
Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Month		Day		Years		Months		Days	
	Date of death		1905		Aug		1		Age		57	
	Sex		Male		Color or Race		White		Birth-place		A. C. C. Ind.	
	Occupation		Farmer		Where Residing if not at place of death							
	Married, Single or Widowed		Widowed		Name of Wife or Husband							
	Father's Name		William Anderson		Father's Birthplace		A. C. C. Ind.					
	Mother's Maiden Name		Gaither		Mother's Birthplace		Ind.					
	Name of person giving information		B. H. Anderson		How related to deceased		2 Son					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Acute nephritis				How long		14 hours			
	Immediate		Trauma				How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. W. C. Small, M.D.							
			Address		Springfield, Ind.							
Accident or Suicide?												



Name in Full		Elnora Baker				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death 1905		Month		Day		Age	
1905		Aug		20		3	
Sex		Color or Race		Birth-place		Days	
Female		white		Berwyn			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		William H. Baker				Father's Birthplace	
Mother's Maiden Name		Matilda Wilcox				Mother's Birthplace	
Name of person giving information		L. J. Baker				How related to deceased	
						Grand Father.	
CAUSES OF DEATH		1015					
Primary		Erysipelas					
Immediate		Yes					
Are the name, age, sex, color, date and place correctly given above?		Yes					
Signature of Physician		J. H. Richards					
Address		P. O. Box 1015					
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Angelina Beall

## CERTIFICATE OF DEATH

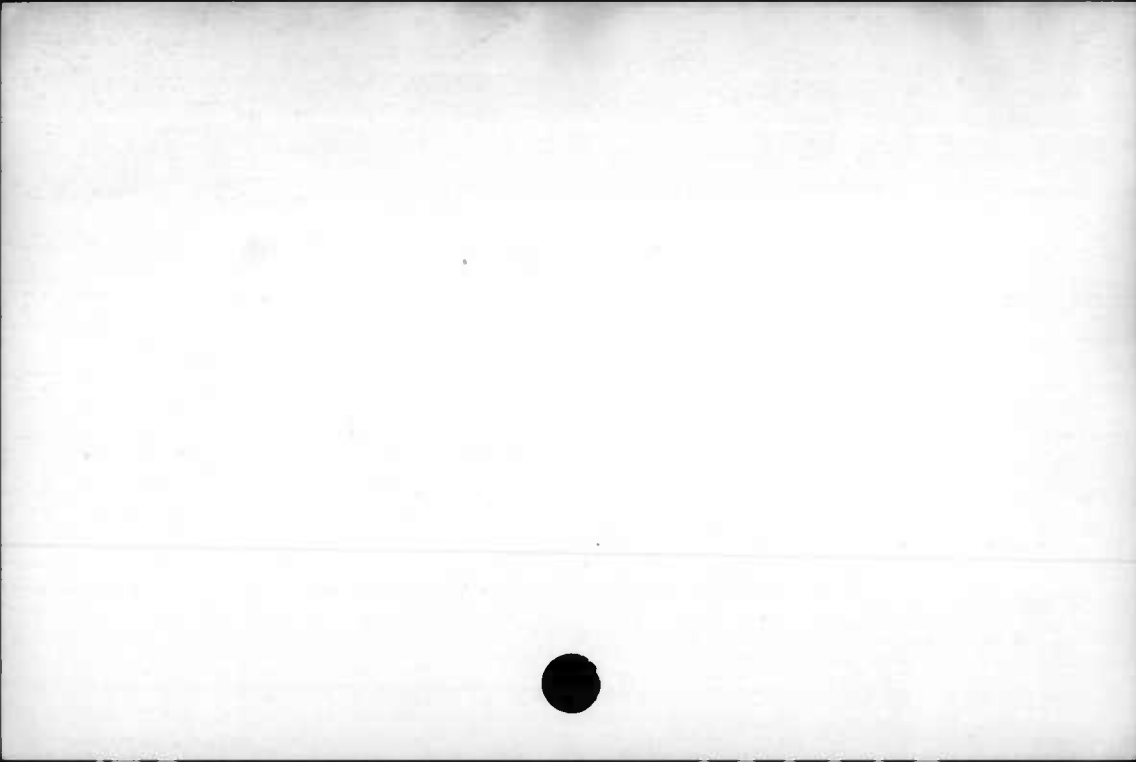
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Leeland		County Prince George		MARYLAND	
Date of death	1905	Month Aug	Day 7	Age 87	Years	Months 9	Days —
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	William Becket				Father's Birthplace	Maryland	
Mother's Maiden Name	Miss Hyatt				Mother's Birthplace	Maryland	
Name of person giving Information	Edward Beall				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's Disease		How long	Indefinite
Immediate	Edema of the lungs		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. A. R. Walker
			Address	Stalls, Md.
Accident or Suicide?		—		



Edward A. Biggs

Town

County

Died at Rose brook - Prince Georges.

MARYLAND

Date 1905 Aug. 28

Month Day Y. M. D.

Age - 6 15

Native of Maryland

Occupation Child

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

Husband of

Wife

Father's Name Edward Biggs

Mother's

Maiden Name

Cause of Primary Cholera Infantum

Death Immediate Asthenia

How long sick

3 weeks.

Accident, Suicide, Homicide

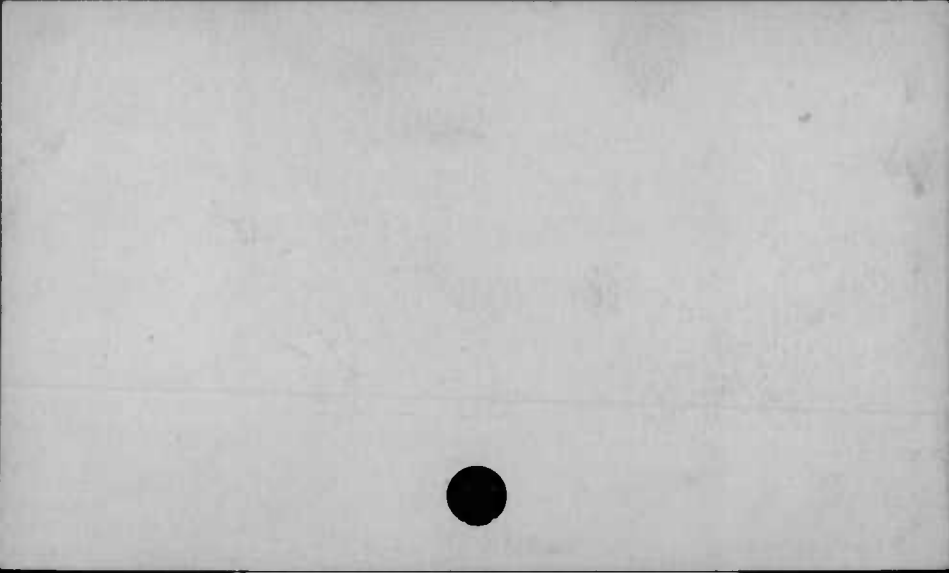
Reported by

Jos. M. Parker M.D.

Address

Congress Heights D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Emily H Brookbank. 8/16/18

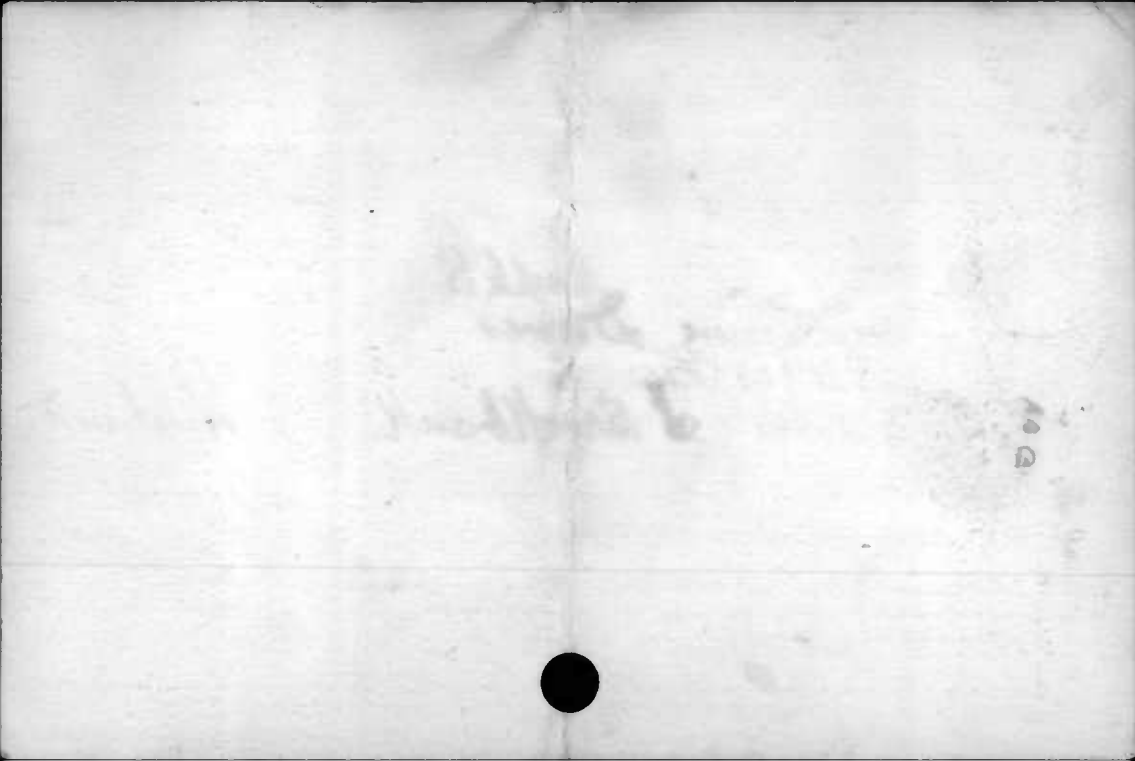
## CERTIFICATE OF DEATH

Died at Hyattsville		County Prince Geo.		MARYLAND	
Date of death 1905 Aug 31		Age 69		Months Days	
Sex Female		Color or Race White		Birth-place Maryland	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Joseph S Brookbank.			
Father's Name Kennellum Davis		Father's Birthplace Maryland			
Mother's Maiden Name Miss Turner		Mother's Birthplace Maryland			
Name of person giving information Joseph S Brookbank		How related to deceased Husband.			

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis	How long Since Jan - 1905
Immediate Cardiac Weakness	How long 2 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J S Perky
	Address Hyattsville Md
Accident or Suicide?	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Walter L. Brown

## CERTIFICATE OF DEATH

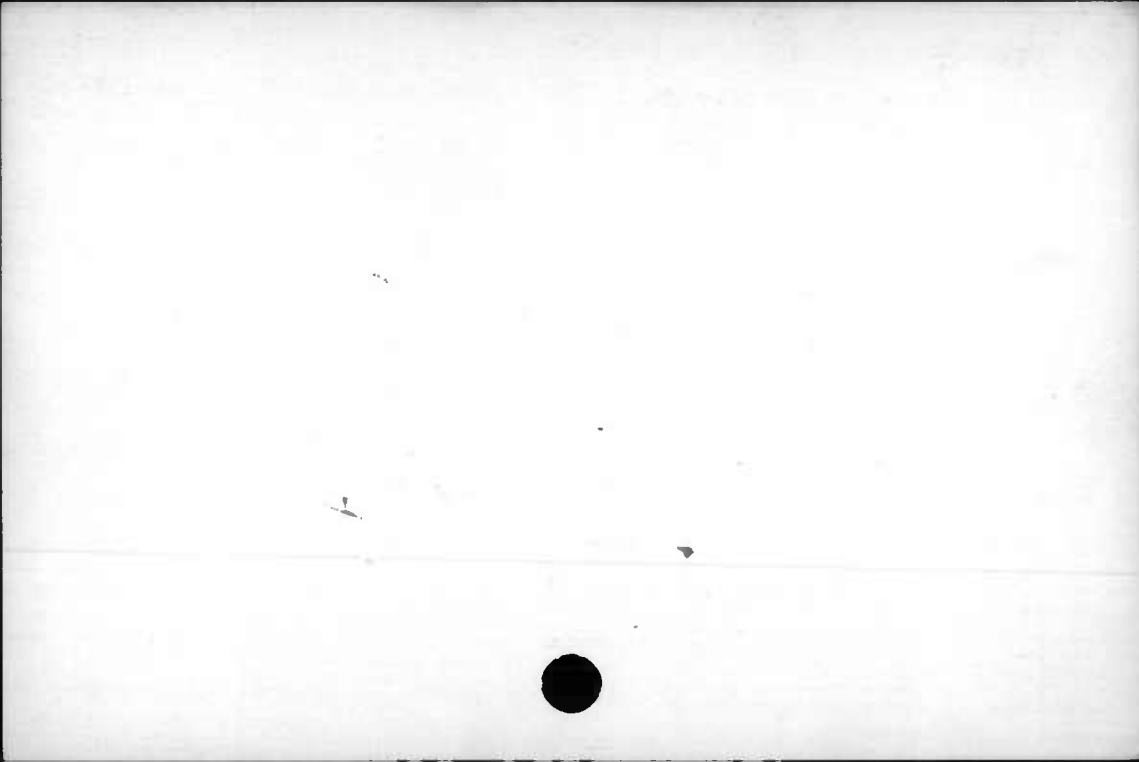
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clinton</u> <sup>Town</sup>		<u>P.G.</u> County		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup> <u>Aug</u> <sup>Day</sup> <u>16</u> <sup>Years</sup> <u>Age</u> <u>7</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>—</u>		Sex <u>male</u> Color or Race <u>Black</u>		Birth place <u>Ind</u>	
Occupation <u>house</u>		Where Residing if not at place of death <u>at home</u>			
<del>Married</del> Single <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thomas Brown</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Liggie Shorter</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Tom, Brown</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>malnutrition</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Watkins</u>
	Address <u>Clinton</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Edward C. Carrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Clinton</u> Town		<u>P.G.</u> County			
Date of death	<u>1905</u>	Month <u>Aug</u>	Day <u>30</u>	Years <u>26</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind.</u>		
Occupation <u>Farming</u>			Where Residing if not at place of death <u>At home.</u>		
<del>Married</del> Single		Name of Wife or Husband <u>—</u>			
Father's Name <u>Bruno Kerrick</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Bruno Kerrick</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 months</u>
Immediate <u>Exhaustion</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John L. Waring</u>
	Address <u>Clinton</u>
	<u>Ind</u>
Accident or Suicide? <u>—</u>	

Dear Sam.

I overlooked  
this one letter in  
August. Please ac-  
cept apology.

Very truly yours  
John F. Waring.  
Same with letter

Name  
in  
Full

Oden Carrick

CERTIFICATE OF DEATH

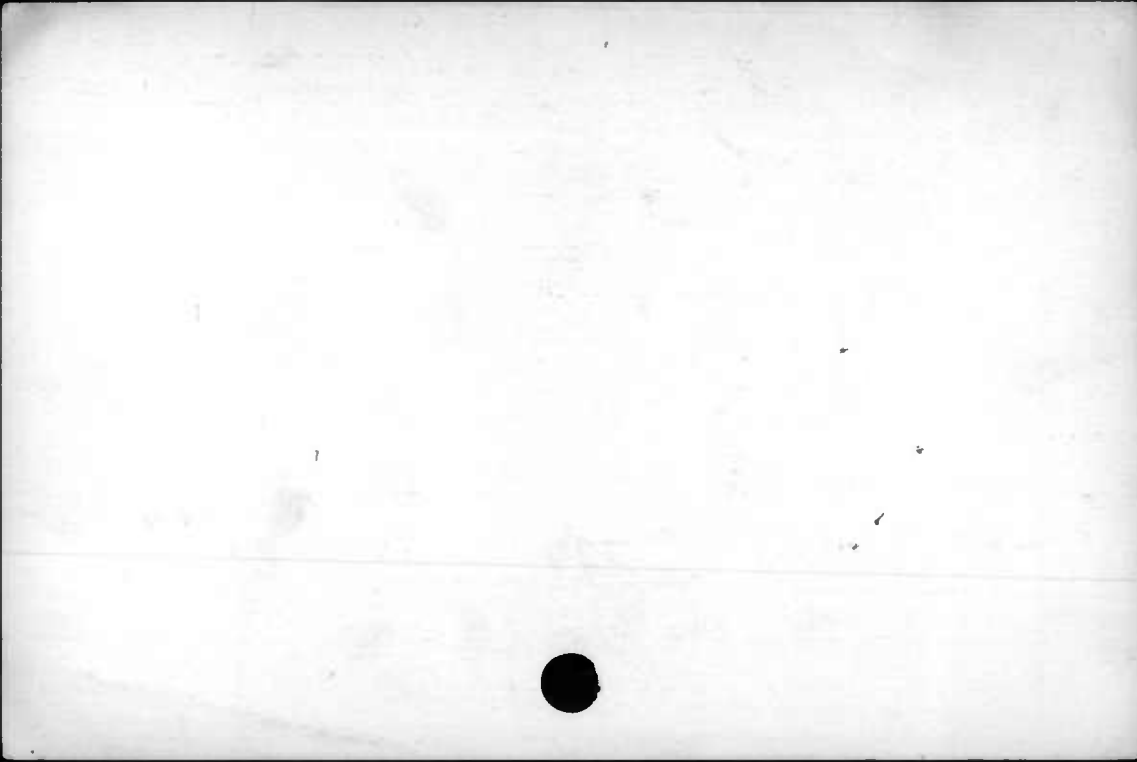
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Largo</b> <small>Town</small>		<b>Prince George</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1905</b>	<b>Aug</b> <small>Month</small>	<b>4</b> <small>Day</small>	Age <b>21</b> <small>Years</small>	<b>9</b> <small>Months</small>	<b>—</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Maryland</b>		
Occupation <b>Clerk</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Minnie Bean</b>			
Father's Name <b>Wm. H. Carrick</b>			Father's Birthplace <b>Maryland</b>		
Mother's Maiden Name <b>Rosie Lovelace</b>			Mother's Birthplace <b>Maryland</b>		
Name of person giving information <b>Artie Carrick</b>			How related to deceased <b>Brother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Typhoid fever</b>	How long	<b>15 days</b>
Immediate	<b>Cardiac Exhaustion</b>	How long	<b>1 day.</b>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<b>Dr. A. R. Walker</b>	
Address		<b>Halls, Md.</b>	
Accident or Suicide? <b>—</b>			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

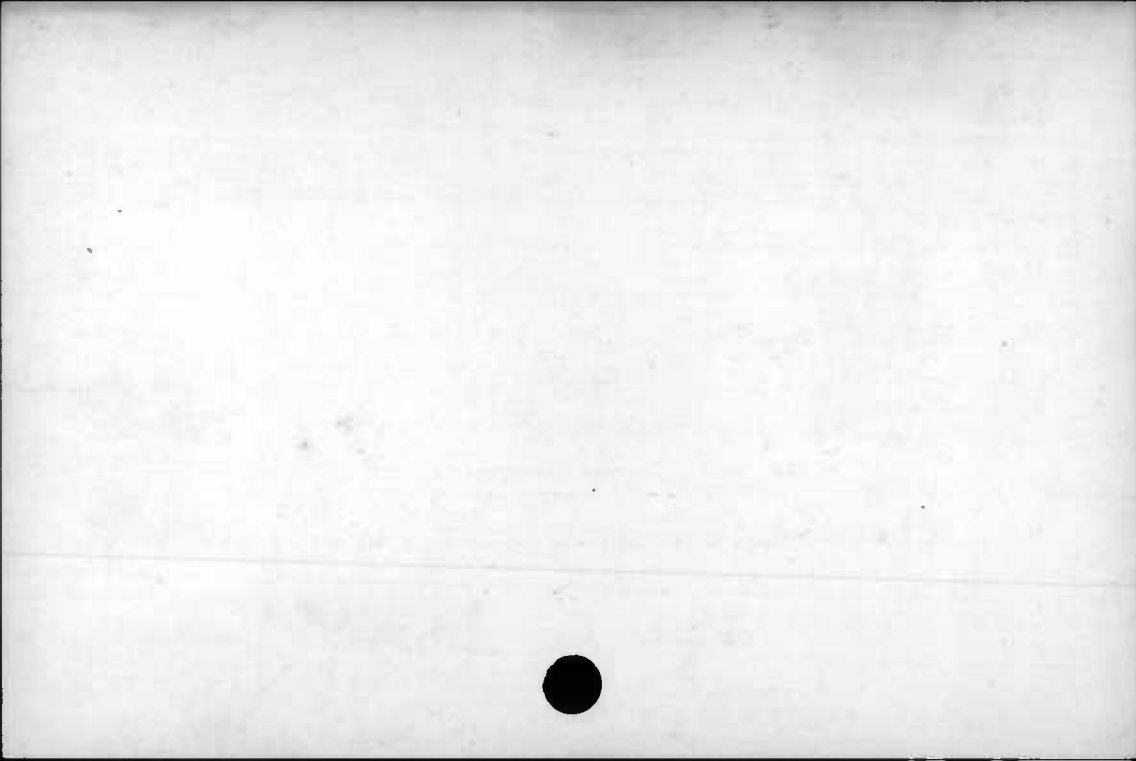
Died at <i>Westphalia</i> <sup>Town</sup>		<i>P.O.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>—</i>	Months	Days <i>4 hours</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Chapman</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary Fletcher</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Charles Chapman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General debility -</i>	How long	<i>15/1</i>
Immediate	<i>from birth -</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harriet Allen Midwife</i>	
		Address <i>John C. Langley</i>	
		<i>Health Officer</i>	
		<i>Frontal Md.</i>	

Accident or Suicide?



Name  
in  
Full

Anna Ellzey

## CERTIFICATE OF DEATH

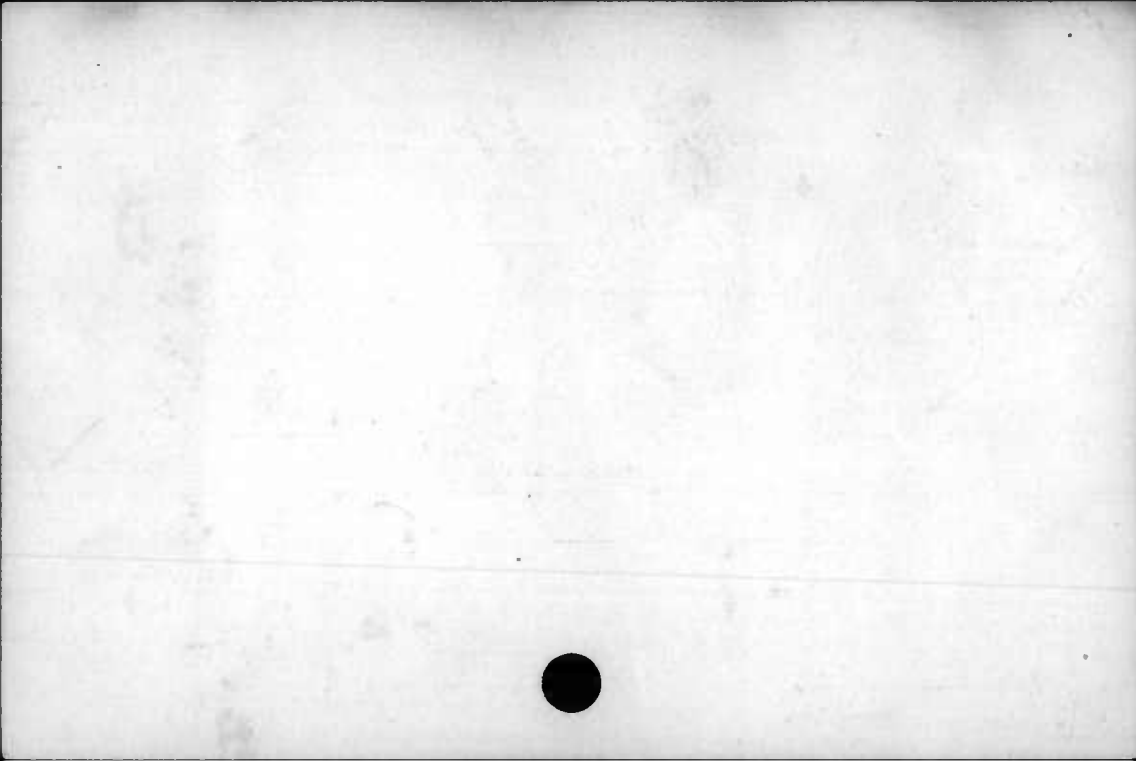
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Beadensburg		County Pr Geo		MARYLAND	
Date of death		1905	Month Aug	Day 27	Age 14	Months —	Days —
Sex	Female		Color or Race	Colored		Birthplace	Delma Del
Occupation	House servant			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	
Mother's Maiden Name	Betty Ellzey					Mother's Birthplace	Del
Name of person giving information	Mary Vincent					How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spinal meningitis	How long	5 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Surgeon W. H. Atimer
		Address	Hopkittsville Md
Accident or Suicide?	Neither		



Name  
in  
Full

Thomas Emmis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

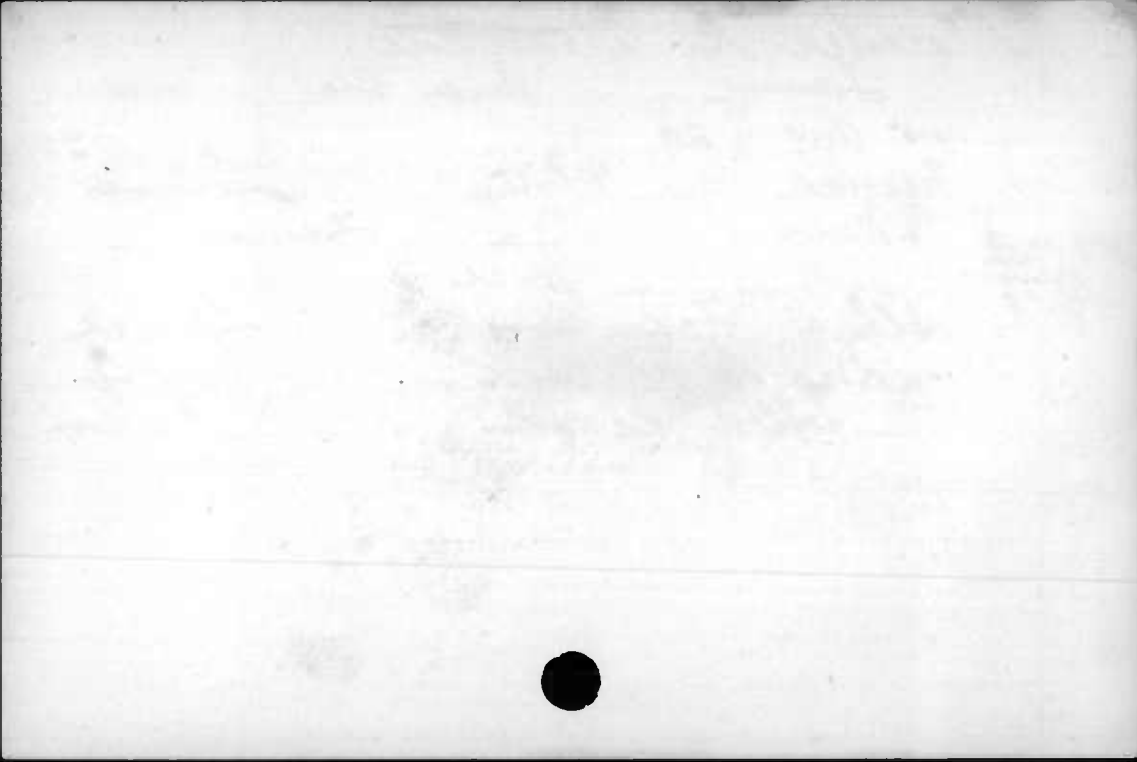
MARYLAND

Died at <i>Forrestville</i> <sup>Town</sup>		<i>P.O. Co</i> <sup>County</sup>			
Date of death <i>1905</i>	Month <i>aug</i>	Day <i>13</i>	Age <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>md.</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>County Alton House</i>			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Lemuel Allen</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stricture of the bladder</i>	How long <i>20</i>
Immediate <i>bladder</i>	How long <i>1 WEEK</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Samsbury M.D.</i>
	Address <i>W. M. D. - Bryantville Md. Forrestville Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

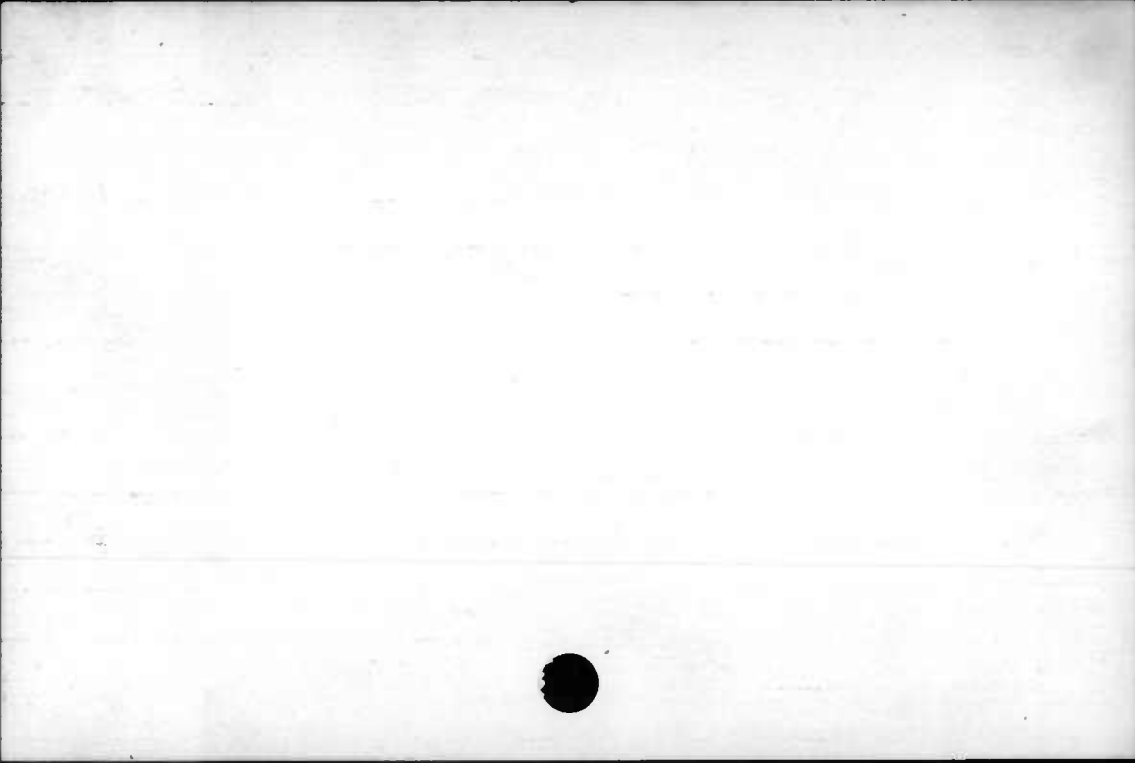
Florence E. Federline

## CERTIFICATE OF DEATH

Died at		Town Lanham		County Prince Geo		MARYLAND	
Date of death		1905	Month Aug	Day 29	Age	Years	Months 1
Sex Female		Color or Race White		Birth-place Lanham		Days 9	
Occupation None		Where Residing if not at place of death Lanham					
<input checked="" type="checkbox"/> Married, Single		Name of Wife or Husband None					
Father's Name Albert Federline		Father's Birthplace Lanham					
Mother's Maiden Name Rosa E. Murson		Mother's Birthplace Mary Co					
Name of person giving information Albert Federline		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Murder	How long	3 weeks
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician J. H. Byerly		Address Lanham Md	
Accident or Suicide?				





# *Henry Clay Ferguson*

Town

County

MARYLAND

Died at *Healdwood**Pr. Geo. W.*

Date <i>1905</i>	Month <i>8</i>	Day <i>24</i>	Y. <i>34</i>	M. <i>—</i>	D. <i>—</i>	Native of <i>Massachusetts</i>	Occupation <i>Farmer</i>
Male	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
<del>Female</del>	Colored	Single	Widower			Number of children living <i>5</i>	

Husband of

Wife

Father's

Name

*Ferguson*

Mother's

Name

*Elybeth Scott*

Cause of

Primary

*Tuberculosis lungs & bones*

How long sick

*1 year*

Death

Immediate

*Exhaustion*~~Accident, Suicide, Homicide~~

Reported by

*W. R. Lattimore M. W.*

Address

*Orme Geo*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death			
Enelyn E. Grimes		Town		County	
Died at Open town		Pr Geo.		MARYLAND	
Date of death 1905		Month 8	Day 30	Age Years	Months 10 Days
Sex Female		Color or Race White		Birth-place D. C.	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name Warren E. Grimes		Father's Birthplace Md			
Mother's Maiden Name Nannie T. Mass		Mother's Birthplace Md.			
Name of person giving information Robert Owens		How related to deceased Uncle			
CAUSES OF DEATH					
Primary		Gastro-Enteritis		How long 6 weeks	
Immediate		Emaciation & Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician O. P. Simpson, M.D.	
				Address Rosacroft, Md.	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary E. Grimes* Town *Camp Springs D.C.* County \_\_\_\_\_

Died at *Camp Springs D.C.* Date of death *190* *Aug* *6* *190* Age *36* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *At home.*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Edward Grimes*

Father's Name *Burj Swain* Father's Birthplace *Ind*

Mother's Maiden Name *Phelps* Mother's Birthplace *Ind*

Name of person giving information *J. L. Waring* How related to deceased *Niece*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Childbirth - Pneumonia.* How long *2 or 3 years*

Immediate *Paralysis* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Waring* Address *Clinton*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Lanvenia Gross

## CERTIFICATE OF DEATH

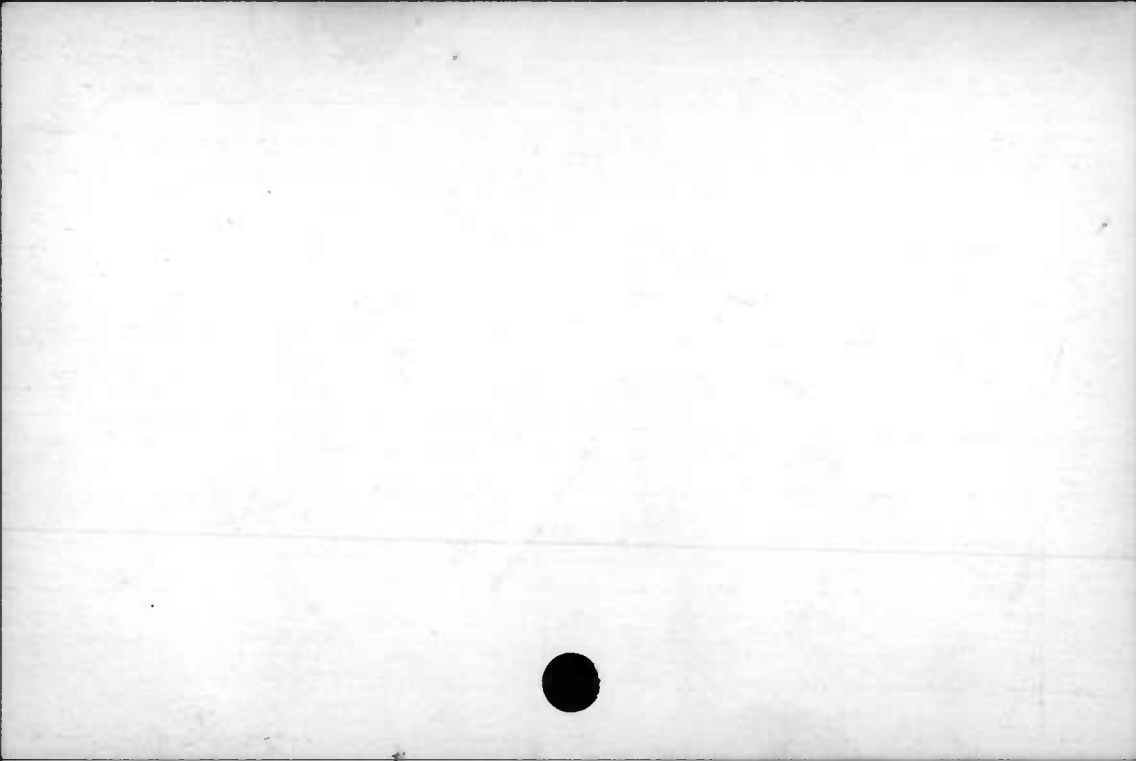
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Meadows</i>		County <i>Prince George</i>		MARYLAND	
Date of death		190	Month <i>Aug.</i>	Day <i>23</i>	Age Years <i>15</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Gross</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Thompson</i>		Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>Alex Gross</i>		How related to deceased <i>Bro</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 Mo.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. E. Sansbury</i>	
		Address <i>Forestville md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

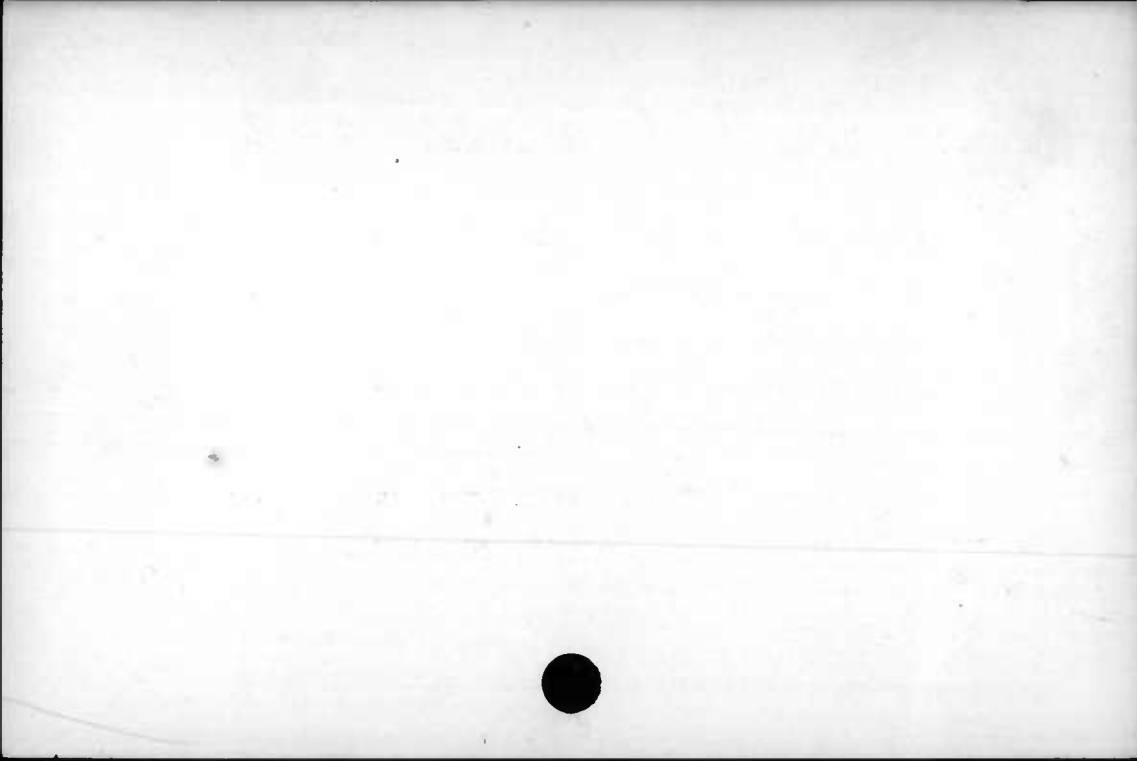
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Croom &amp; Sta</i>		<i>R. Geo.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>8<sup>th</sup></i>	Age <i>3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Croom &amp; Sta</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Hamilton</i>			Father's Birthplace <i>P.O. Md</i>		
Mother's Maiden Name <i>Ella Hamilton</i>			Mother's Birthplace <i>P.O. Md</i>		
Name of person giving information <i>Osbourn Stewart</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Don't know</i>
Immediate <i>Don't know</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. A. Griffith</i>
<i>Saw the child twice</i>	Address <i>Upper Marlboro</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Albert G. Harley Sr.				County		Tried at		Town		Died at		Date of death		Month		Day		Years		Age		Months		Days		Maryland	
						Prince George		Laurel				1905		Aug.		3		71				2		8					
		Sex				male				Color or Race				white				Birth-place				Fauquier Co. Va.							
		Occupation				Teacher				Where Residing if not at place of death																			
		Married, Single or Widowed				Single				Name of Wife or Husband				Josephine Harley															
		Father's Name				Thos. H. Harley				Father's Birthplace				Fauquier Co. Va.															
		Mother's Maiden Name				Jane				Mother's Birthplace				Annapolis Md.															
		Name of person giving information				Dr. R. C. Harley				How related to deceased				Son															

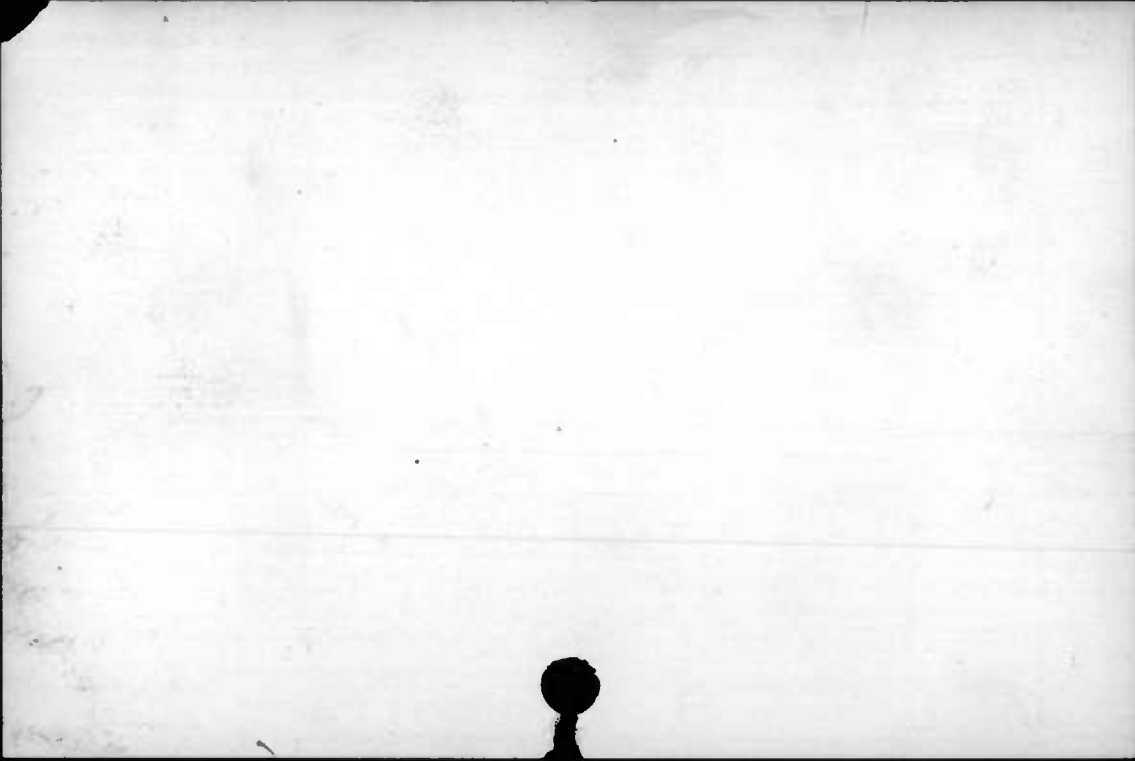
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

106

Henry F. Frost  
Laurel Md.  
Prince George's Co.



Name  
in  
Full

Elias Hawkins

## CERTIFICATE OF DEATH

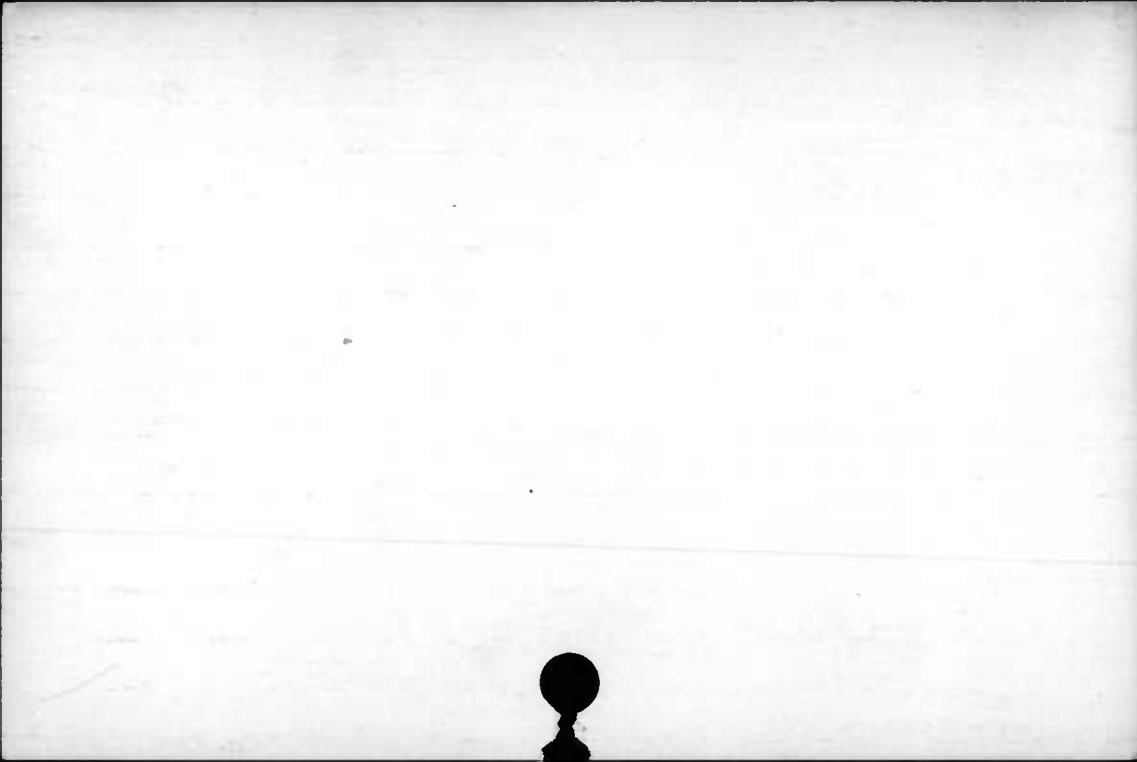
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND	
Date of death	1905	Month	Aug	Day	10	Years	60
Sex	Male		Color or Race	Colored		Birth-place	Maryland
Occupation	Farm laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jane Wilson			
Father's Name	Samuel Hawkins				Father's Birthplace	Maryland	
Mother's Maiden Name	Priscilla Coolidge				Mother's Birthplace	Maryland	
Name of person giving information	Samuel Hawkins				How related to deceased	Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Brights Disease		How long	Indefinite
Immediate	Lack of nourishment		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Dr. A. R. Walker	
			Address Halls, Md.	
Accident or Suicide?		—		



Name  
in  
Full

Mary C. Hayton

## CERTIFICATE OF DEATH

MARYLAND

Died at Wash, D.C.

Town

County

Date

of death 1905

Month

Aug

Day

4

Years

Age 58

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Med.

Occupation

Housekeeping

Where Residing if not  
at place of death

D.C.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

R. M. Hayton

Father's  
Name

Mr. Williams

Father's  
BirthplaceLeas, Co  
MedMother's  
Maiden Name

Unknown

Mother's  
BirthplaceLeas, Co  
MedName of person giving  
Information

R. M. Hayton

How related  
to deceased

Husband

## CAUSES OF DEATH

Said to be  
R. Fever

Primary

The party died in Wash, D.C. + 2

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

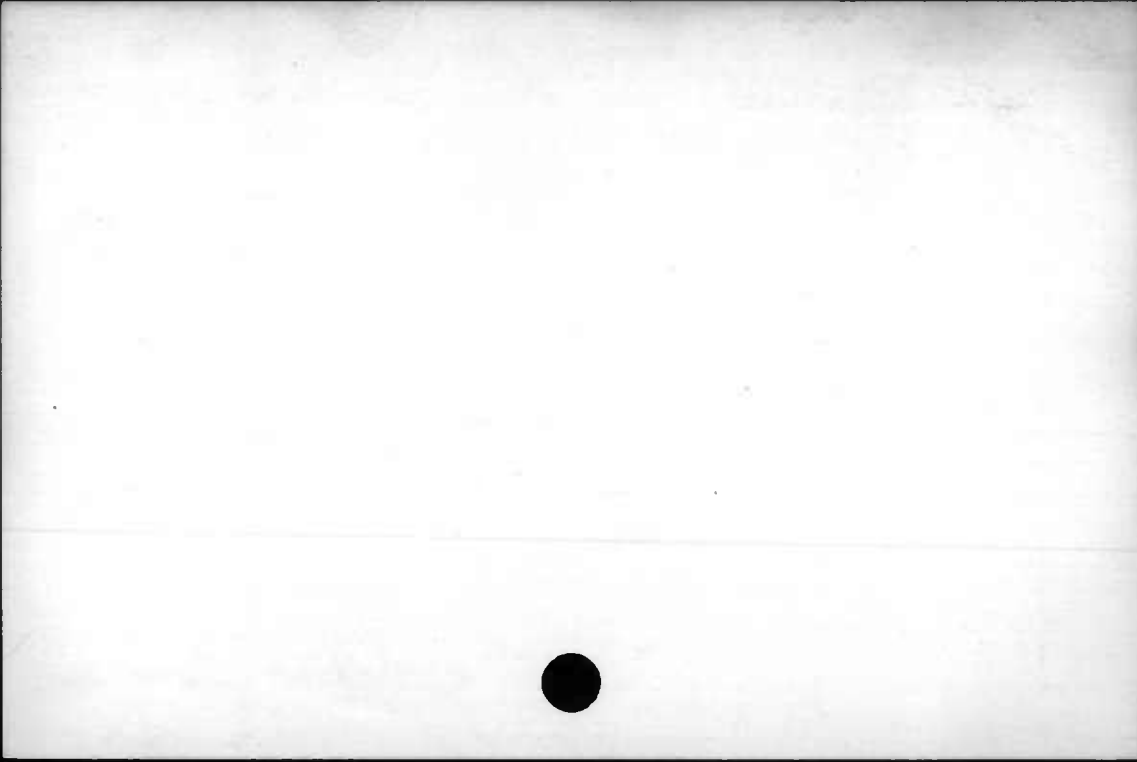
Address

Subject  
J. H. Lansing

Colinton

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Henry Macleod Helmsen.

Died at Rivindale <sup>Town</sup> Prince George <sup>County</sup> MARYLAND  
 Date 1905 8 2 Month Day Y. M. D. Age 22 - 10 Wash. D.C. <sup>Native of</sup> Col. R.R. Office <sup>Occupation</sup> Black  
 Male White Married Widow Divorced unmarried  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Charles Joseph Helmsen Mother's Name Minnie Macleod Helmsen  
 Cause of Death { Primary Typhoid Fever How long sick 31 days  
 { Immediate Apnoea & Asthma Accident, Suicide, Homicide

Reported by M. McMillan, M.D.  
 Address Rivindale, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

George B Jackson

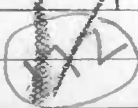
CERTIFICATE OF DEATH

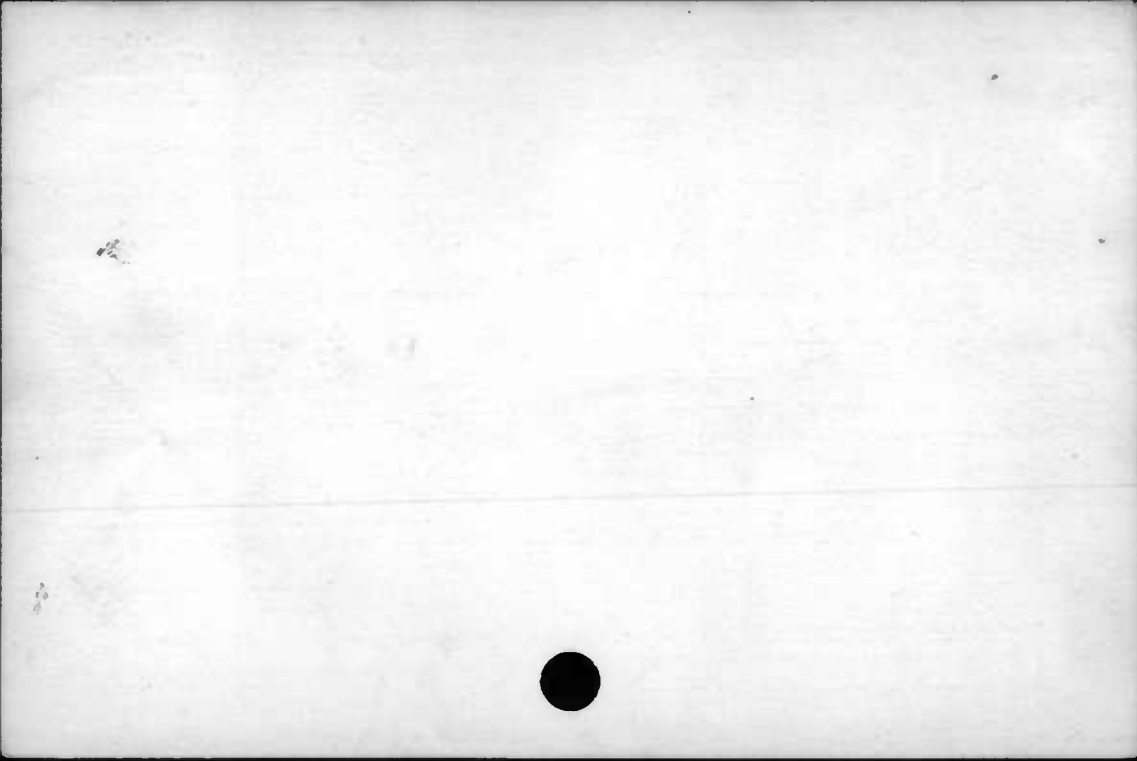
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Riverdale</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	21
Sex	Male	Color or Race	Colored	Birth-place	Va.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Thomas Jackson			Father's Birthplace	Va.
Mother's Maiden Name	Virginia Lewis			Mother's Birthplace	Va.
Name of person giving information	Thomas Jackson			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Accident or Suicide? <i>Accident</i>		Address
		<i>Arthur. Crow</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

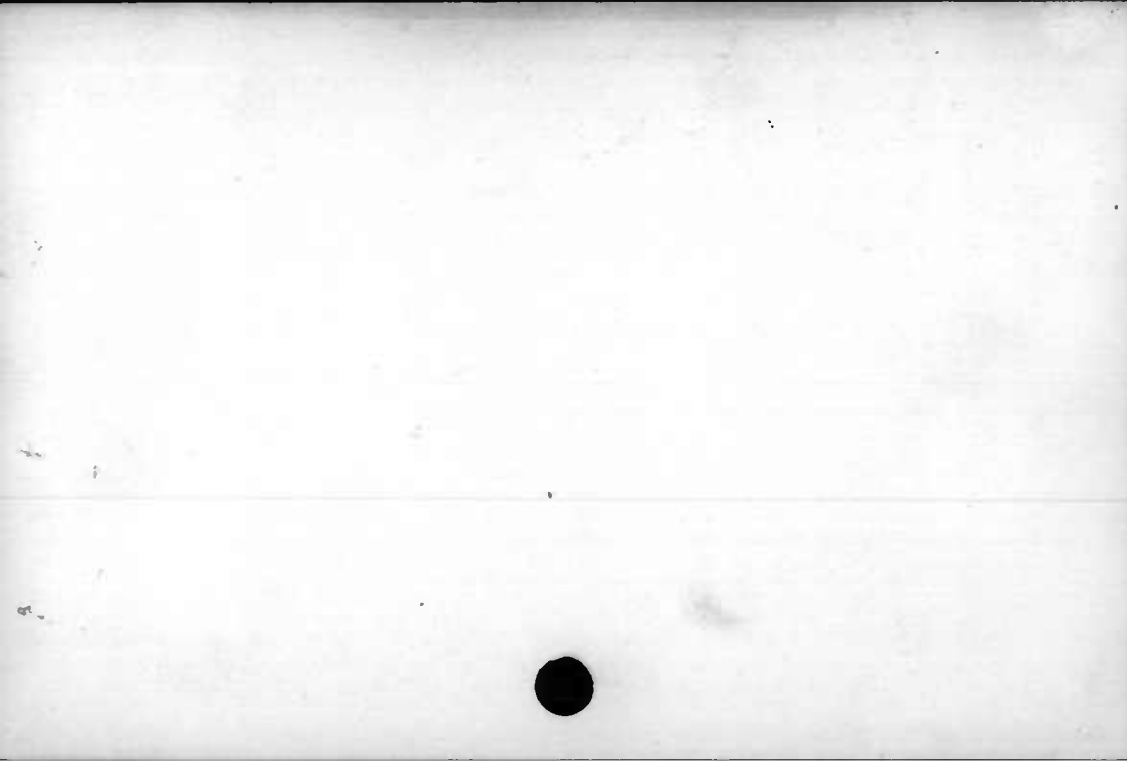
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jarvis Jackson* Town *Pasaryville* County *P.B.*  
 Died at *Pasaryville*  
 Date of death *1905 Aug 20* Age *53* Months  Days   
 Sex *Male* Color or Race *Colored* Birth-place *Ind*  
 Occupation *Farming* Where Residing if not at place of death   
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary E.*  
 Father's Name *Washington Jackson* Father's Birthplace *Ind*  
 Mother's Maiden Name *Rella Miller* Mother's Birthplace *Ind*  
 Name of person giving information *Thomas St Green* How related to deceased *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis* How long *12 years*  
 Immediate *Asthma* How long *2*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Gibbons*  
 Address *Croom Ind*  
 Accident or Suicide?



Name  
in  
Full

Jesse Lomax

## CERTIFICATE OF DEATH

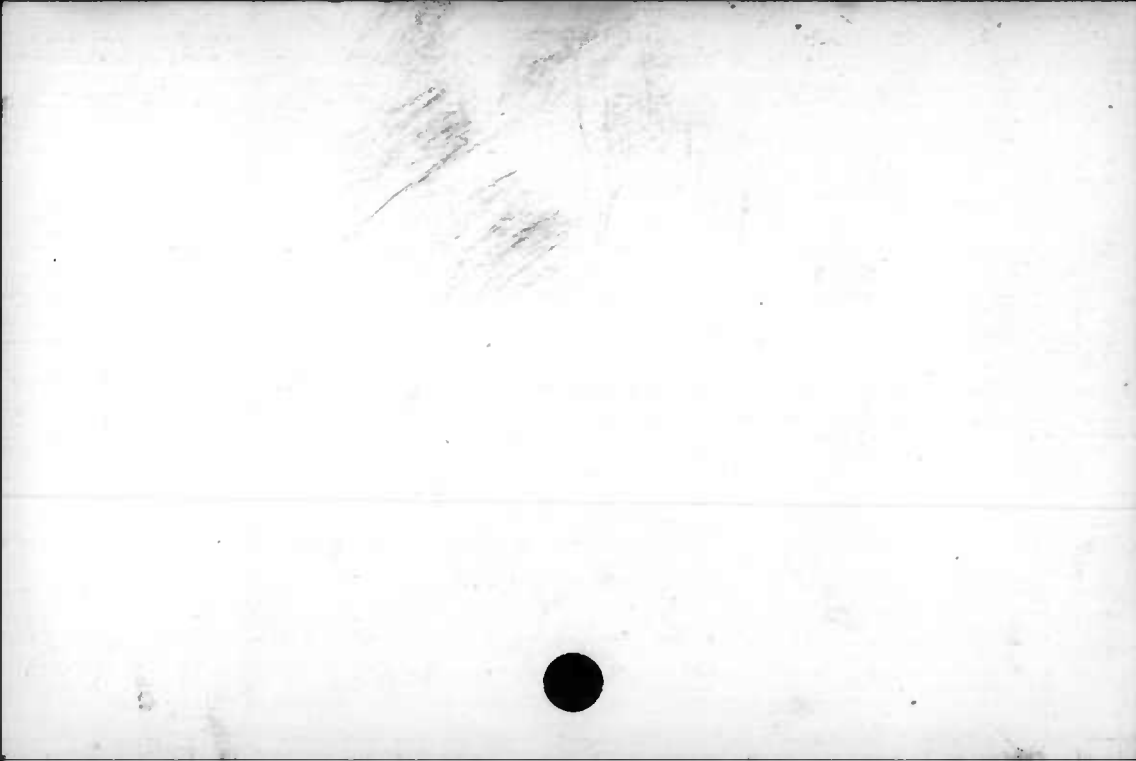
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Laurel		County Princi George's		MARYLAND	
Date of death		1905	Month Aug	Day 19	Age 18	Months	Days
Sex male		Color or Race black		Birth- place Md			
Occupation laborer				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Henry Lomax				Father's Birthplace Va.	
Mother's Maiden Name		Henrietta Thomas				Mother's Birthplace Md	
Name of person giving In formation		Wm. Brown				How related to deceased nephew	

## CAUSES OF DEATH

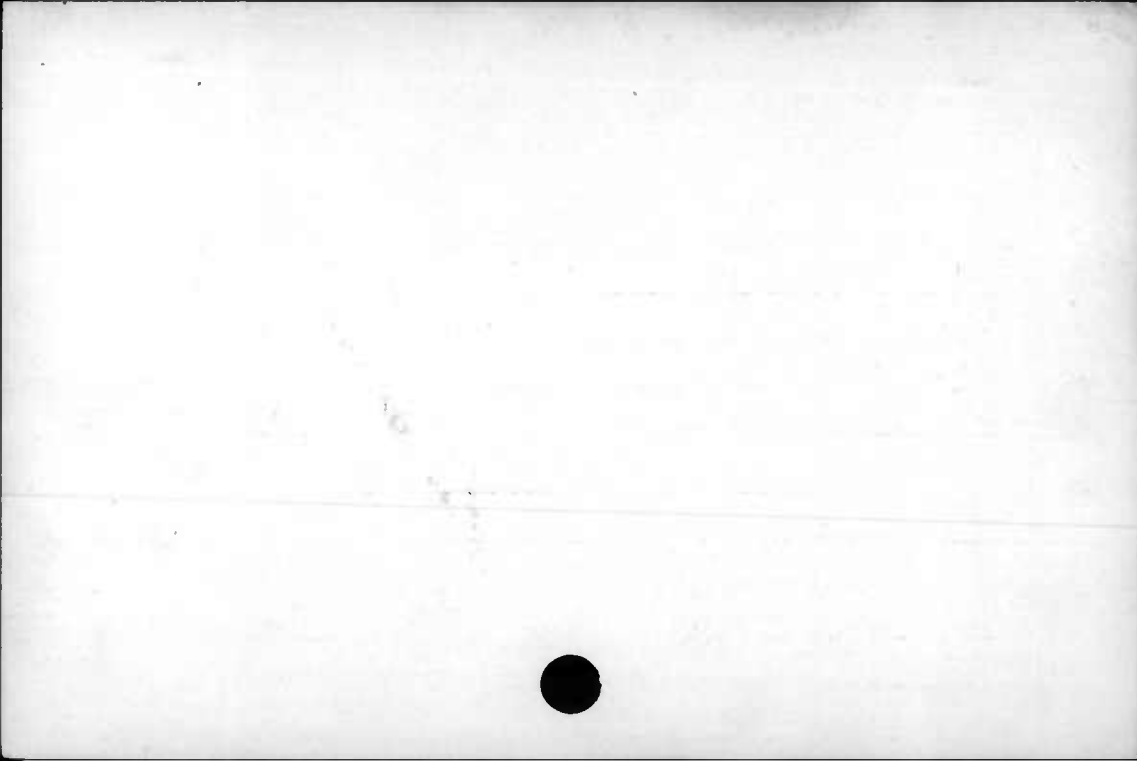
PHYSICIAN  
OR CORONER

Primary	Struck by a trolley Car	How long	100
Immediate	Shock & hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			





Name in Full		Augusta Magnuson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marlboro		P. H. County		MARYLAND	
	Date of death	1905	Aug	21	Age	28	Months — Days
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	None		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	Henry Magnuson				Father's Birthplace	P. H. Co. Md
	Mother's Maiden Name	Layler				Mother's Birthplace	P. H. Co. Md
Name of person giving information	Sallie Magnuson				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	For 14 or 15 years
	Immediate	New law patient until day of death				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				L. A. Liffick -			
				upper Marlboro			
				Md			
Accident or Suicide?							



Name  
in  
Full

Sarah Mahoney

CERTIFICATE OF DEATH

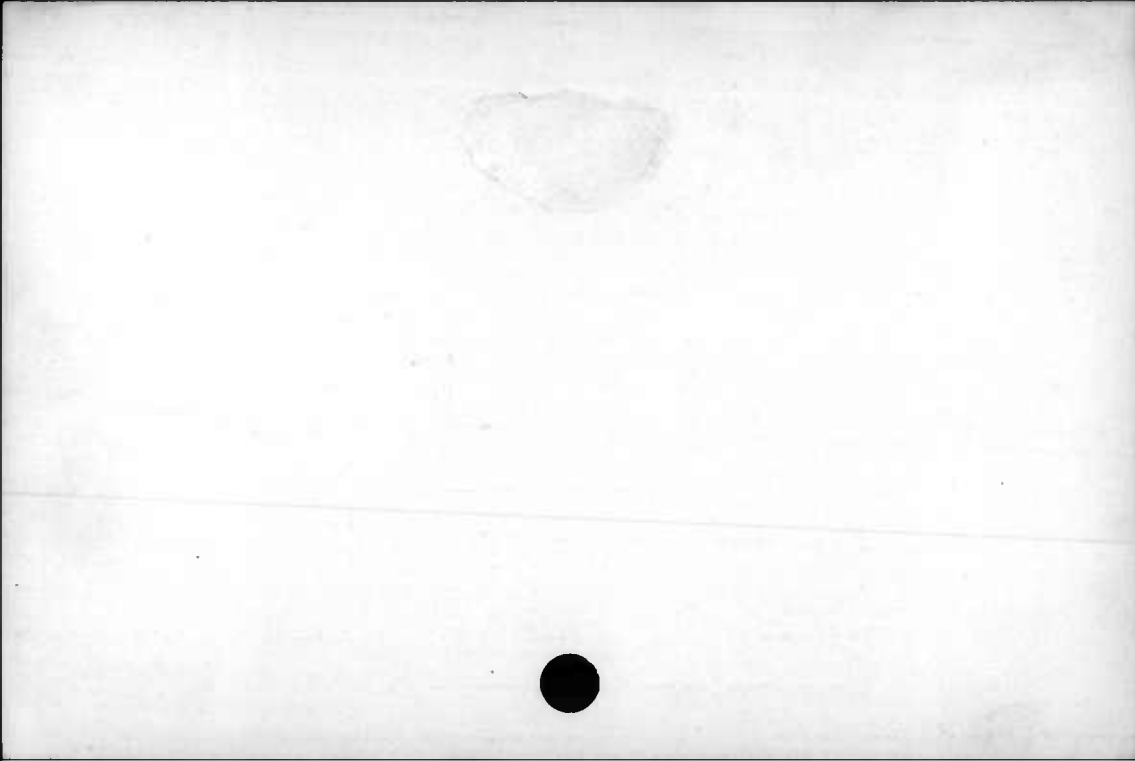
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near J.B.</i>		Town <i>P.B.</i>		County <i>County</i>		MARYLAND	
Date of death <i>1905 Aug</i>		Month <i>29</i>		Day <i>29</i>		Years <i>50</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Ind</i>		Months <i>—</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>		Name of Wile or Husband <i>Math Mahoney</i>		Married, Single or Widowed <i>Widow</i>	
Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving In formation <i>W. L. Mahoney</i>		How related to deceased <i>Son</i>		Name of person giving In formation <i>W. L. Mahoney</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chalazonephritis</i>		How long <i>12 months</i>	
Immediate <i>Hemorrhage</i>		How long <i>Short while</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. O. Monroe</i>	
<i>yes</i>		Address <i>Waldorf Ind</i>	
<i>Accident or Suicide?</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

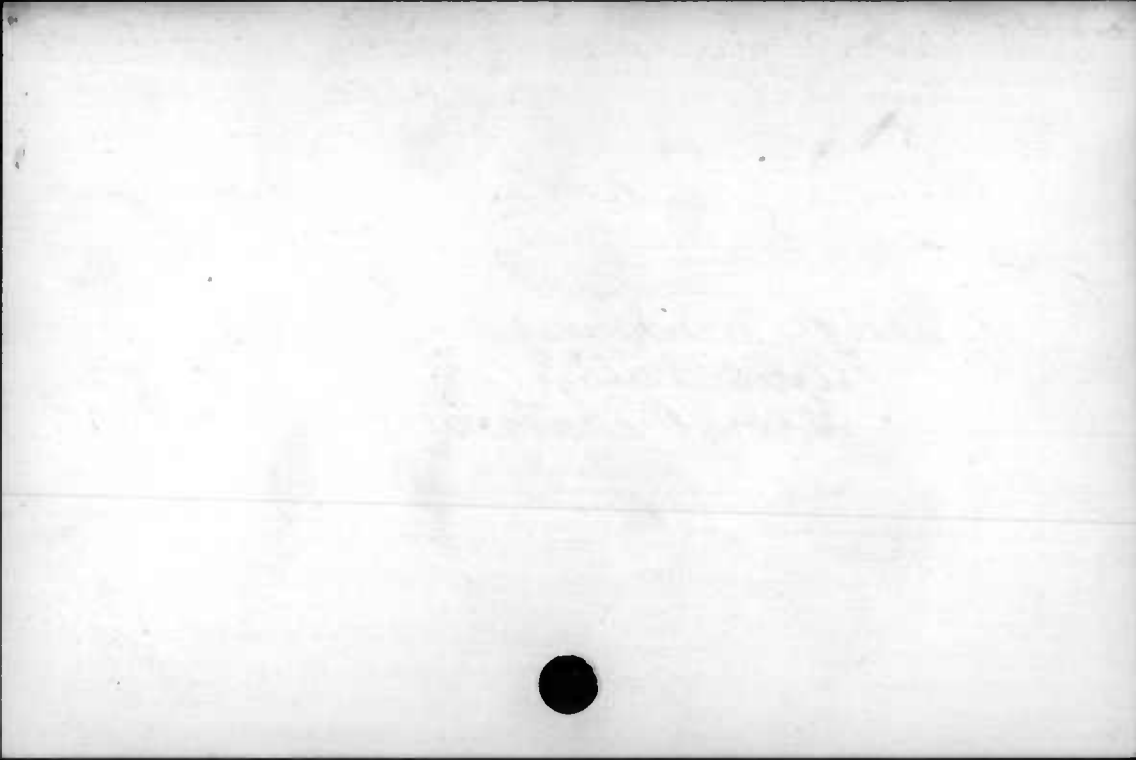
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Blatz</i>		Town <i>Pr. Geo</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>8</i>	Day <i>14</i>	Age <i>—</i>	Years	Months	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>George Matthews</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Miriam Jones</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Josephine Jones</i>				How related to deceased <i>G. Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Bacteremia</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Simpson</i>	
		Address <i>Roseport, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Robert E. Montgomery  
Town Riverdale County Prince Geo.

Date

of death 1905

Month

Aug

Day

12

Years

7

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

New York

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

George Montgomery

Father's  
Birthplace

N.Y.

Mother's  
Maiden Name

Anna Wetzze

Mother's  
Birthplace

N.Y.

Name of person giving  
In formation

George Montgomery

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Shock, struck by engine on B & O R.R.  
running at speed of 50 miles an hour.

How long

Immediate

Broken neck, and other serious fatal injuries

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

John F. Hickey, Coroner

Address

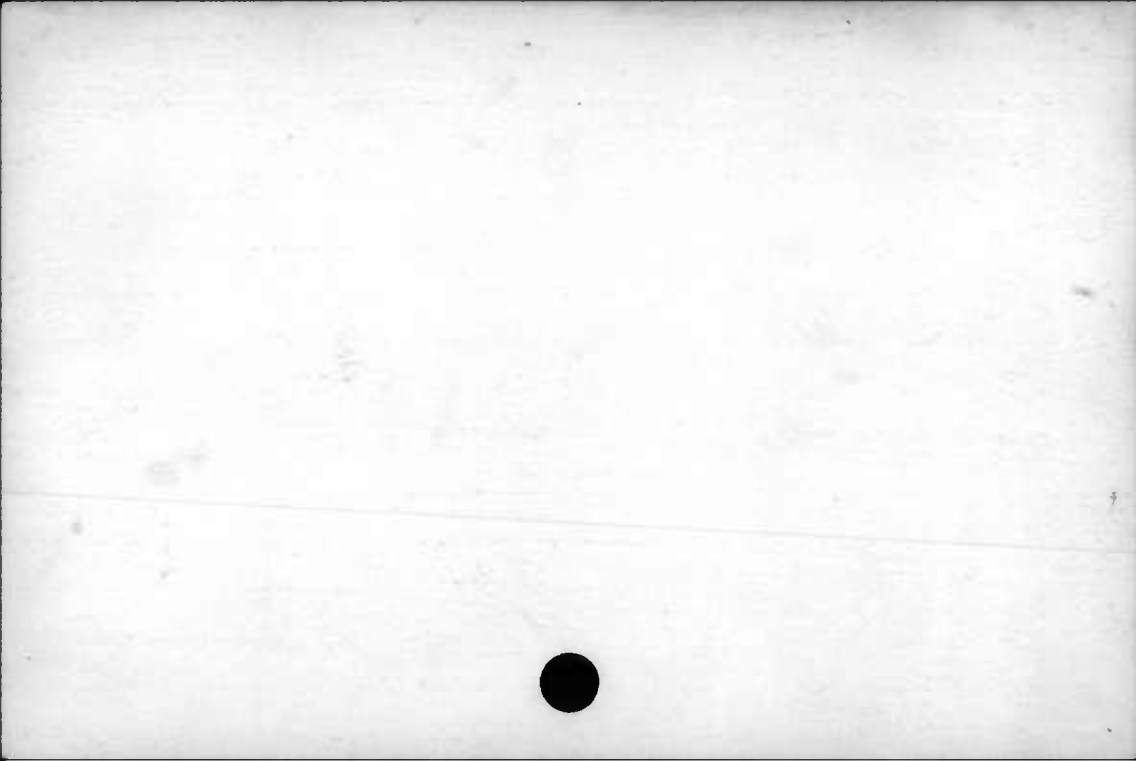
Hyattsville, P.G. County

Accident or Suicide?

Accident

Maryland

PHYSICIAN  
OR CORONER





Name  
in  
Full

*Geo. Henry Alden*

CERTIFICATE OF DEATH

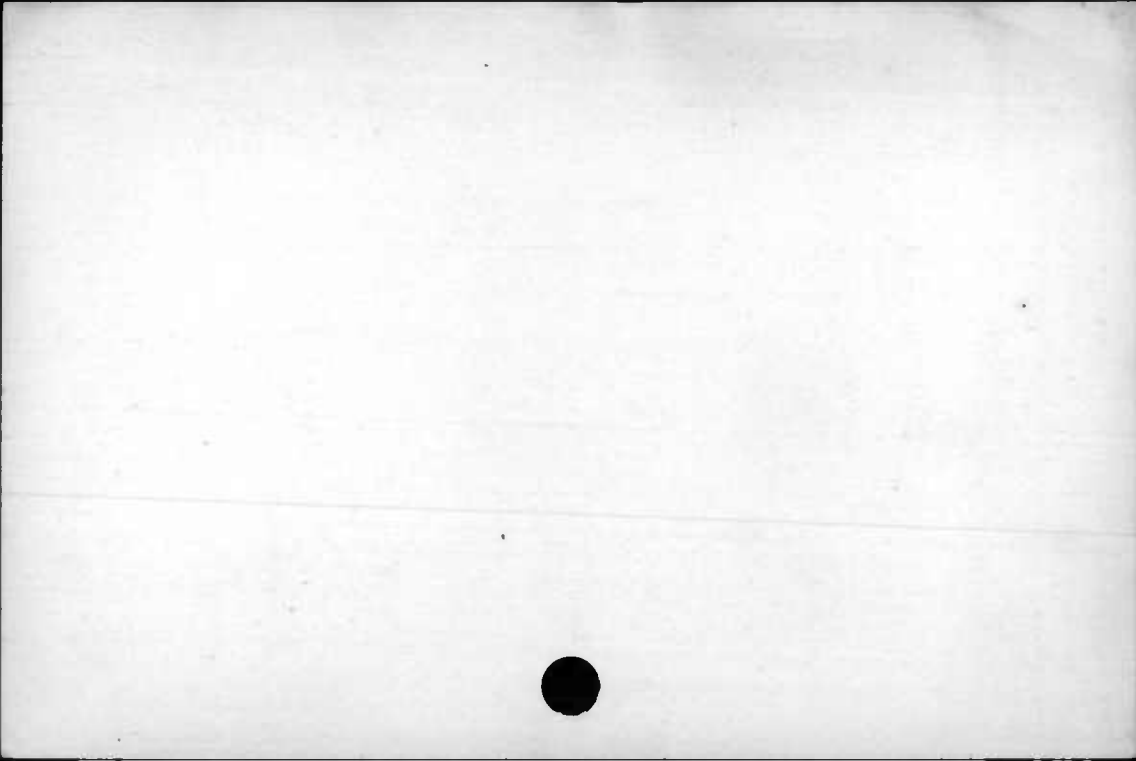
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Branchville</i>		Town <i>Pr. Geo.</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>4</i>	Age <i>2</i>	Years <i>2</i>	Months <i>3</i>	Days <i>5</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation			Where Residing If not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Geo. H Alden</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sue Curtin</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Geo H. Alden</i>				How related to deceased <i>father</i>			

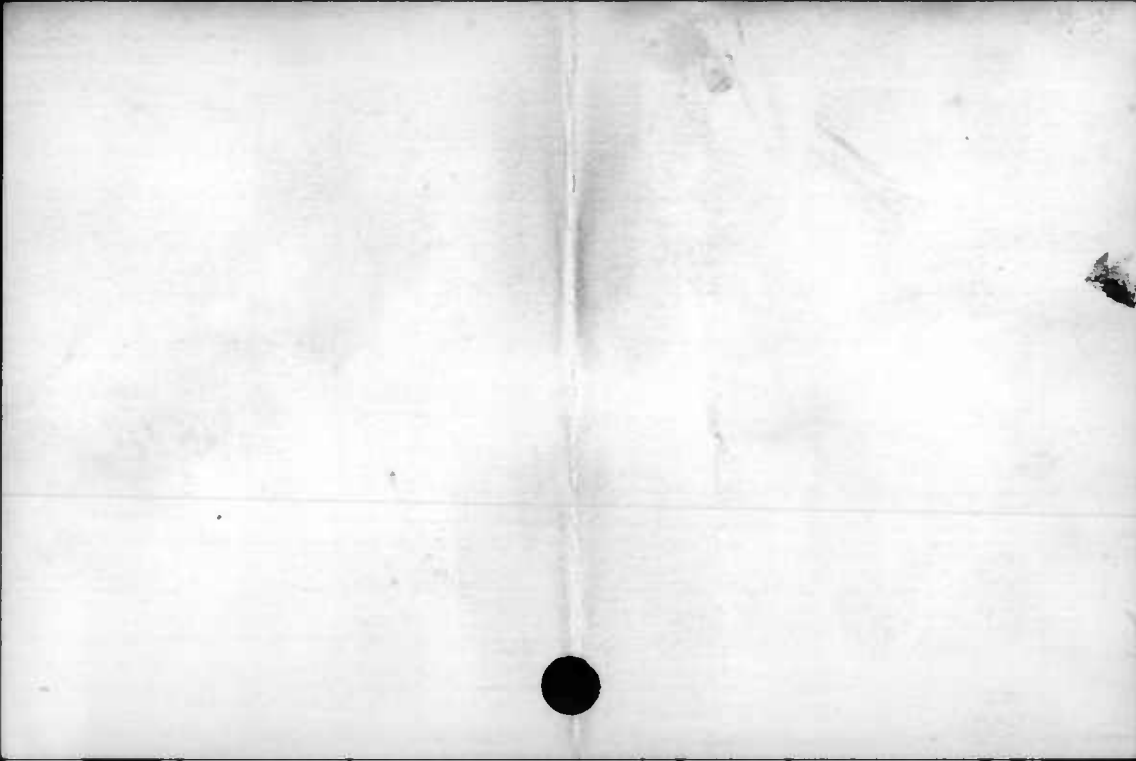
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

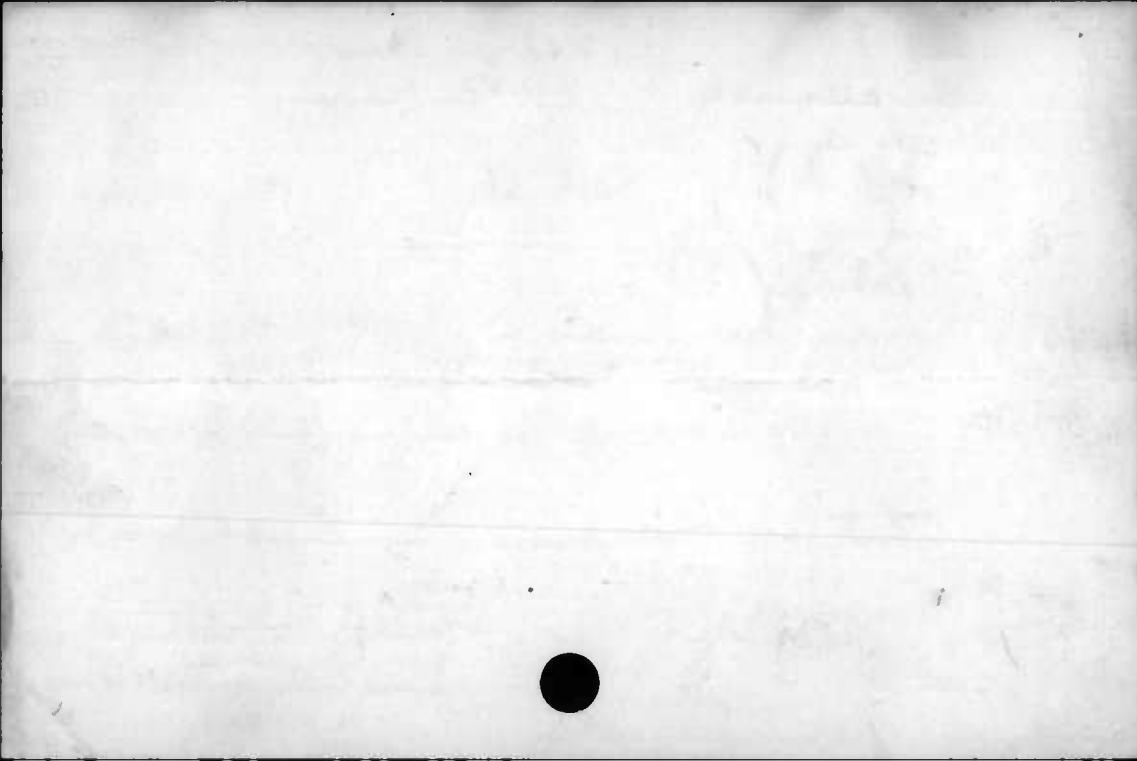
Primary <i>Mal nutrition</i>	How long <i>2 mo</i>
Immediate <i>Anemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Cor</i>
	Address <i>213. Ind</i>
Accident or Suicide?	



Name In Full		Joseph B. Perrie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westwood		County Pr Geo		MARYLAND	
	Date of death	1905	Month Aug	Day 21	Years 74	Months 3	Days
	Sex	Male		Color or Race	White		Birth-place Md
	Occupation	Harming			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband		Martha A	
	Father's Name	Hugh Perrie				Father's Birthplace	Md
	Mother's Maiden Name	Ann Washington				Mother's Birthplace	"
Name of person giving information	Ma Perrie				How related to deceased	Wife	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	12 months
	Immediate	Nraemia				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	W. H. Gibbons MD
						Address	Croon Md
<div style="text-align: center;">Accident or Suicide?</div>							



Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Muirkirk		Ch Geo		MARYLAND						
		Date of death		1905	Aug	21	Age	Years	Months	Days	28			
		Sex		Female		Color or Race		Black		Birth-place		md		
		Occupation				Infant.				Where Residing if not at place of death				
		Married, Single or Widowed				Name of Wife or Husband								
		Father's Name				Thomas Reese				Father's Birthplace				md
		Mother's Maiden Name				Catherine Conway				Mother's Birthplace				md
		Name of person giving information				Chas Thomas				How related to deceased				201
		CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Stomatitis				How long		10 days				
		Immediate		convulsions				How long		few hrs				
		Are the name, age, sex, color, date and place correctly given above?				yes.				Signature of Physician				J. R. Smith
						Address				Laurel				
		Accident or Suicide?												



Name  
in  
Full

Alice Redenour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Meadows <sup>County</sup> P. George

Date of death 1905 <sup>Month</sup> Aug <sup>Day</sup> 18 - Age <sup>Years</sup> 32 <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband E. J. Redenour

Father's Name Joseph Cook Father's Birthplace Md

Mother's Maiden Name Rachel Tucker Mother's Birthplace Md

Name of person giving information E. J. Redenour How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

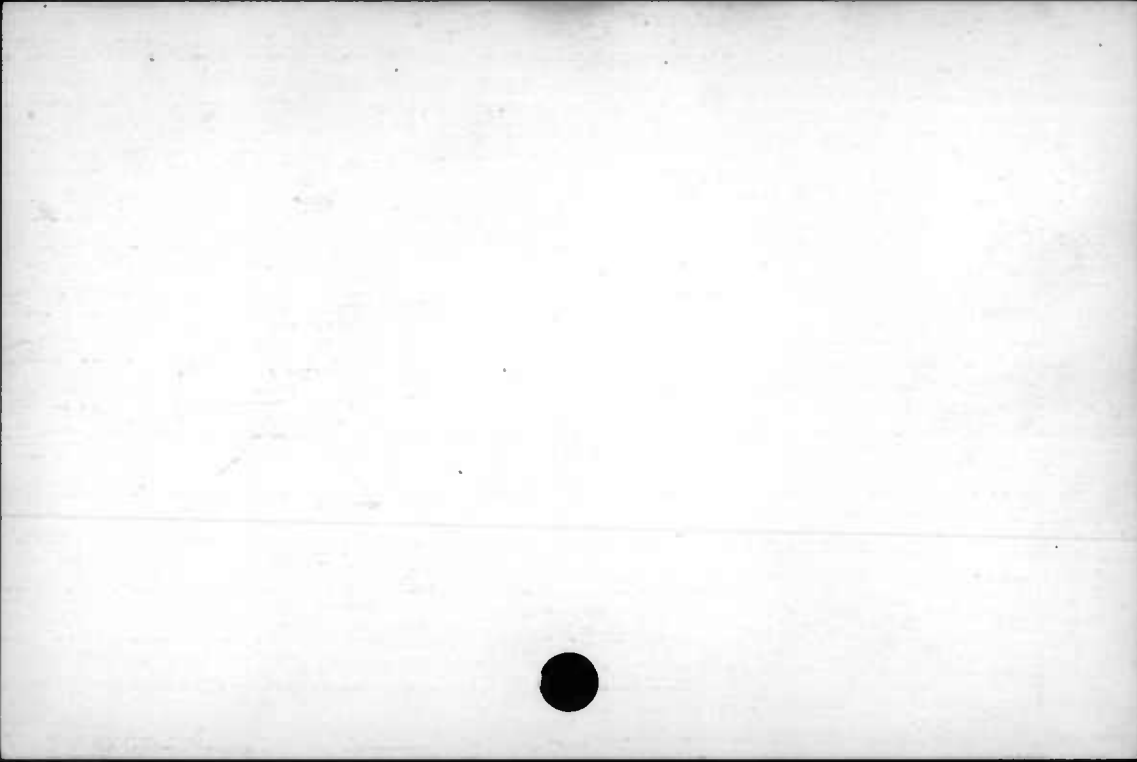
Primary Child Birth - How long -

Immediate Acute Tuberculosis How long 6 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. Sausbury & Dr. W. B. King  
Address Forestville Md.

Accident or Suicide? -





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Constantine Salzman

Died at Hyattsville

Town

County

Pr. Geo

MARYLAND

Date of death 1905 Aug

Month

Day

14

Age Years

Months

1

Days

13

Sex Male

Color or  
Race

White

Birth-  
place

Hyattsville Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Salzman

Father's  
Birthplace

Pr. Geo. Co Md

Mother's  
Maiden Name

Margaret Constantine

Mother's  
Birthplace

Bladenburg Md

Name of person giving  
In formation

John Salzman

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Eiters - colitis

How long

Since birth

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Hugh W. Katermer MD

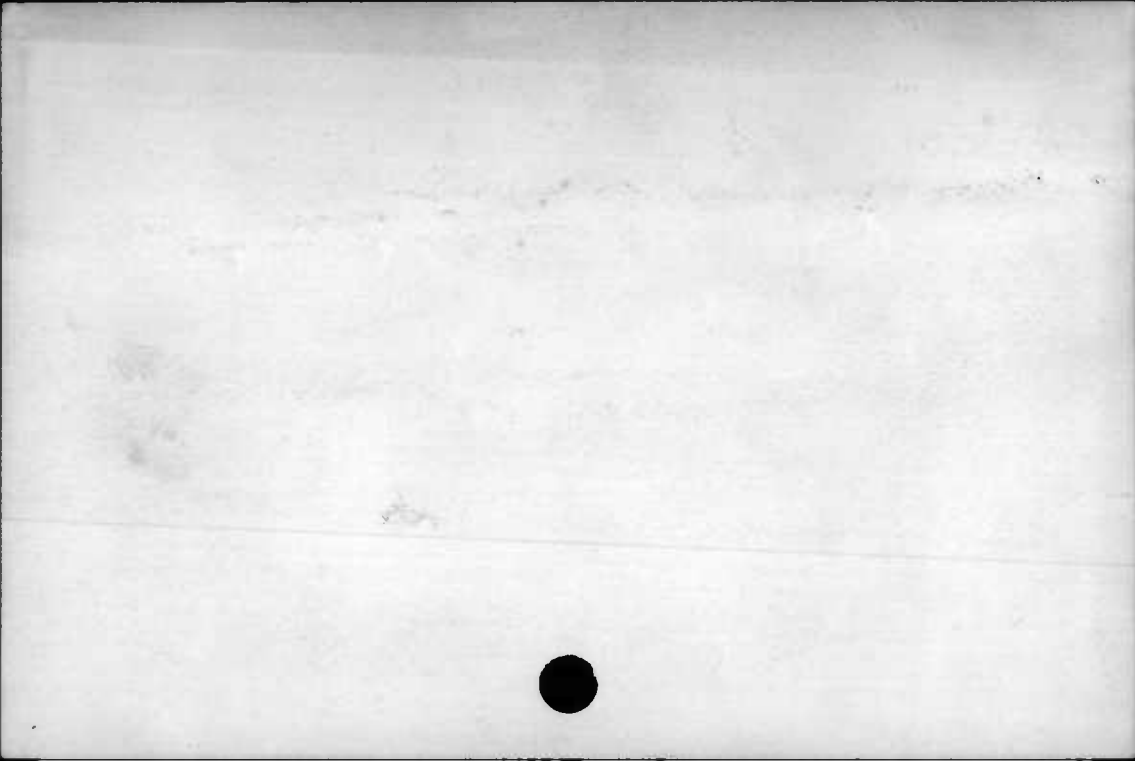
Address

Hyattsville Md

Accident or Suicide?

Neither

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harry Shepherd

## CERTIFICATE OF DEATH

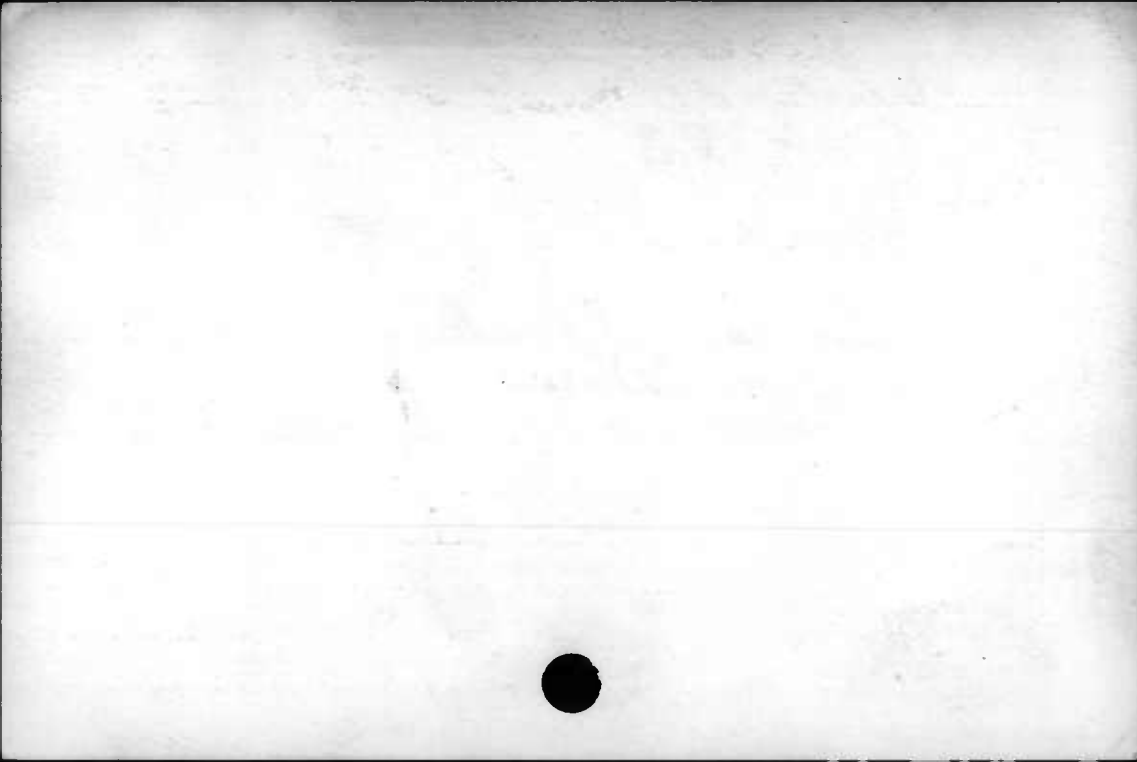
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Aug	1	Age 21	-	-	
Sex	Color or Race		Birth-place				
Male	Colored		Maryland				
Occupation	Where Residing if not at place of death						
Farm laborer							
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Thomas Shepherd	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Susan Fletcher	Maryland						
Name of person giving information	How related to deceased						
Thomas Shepherd	Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Pulmonary tuberculosis	Not known	
Immediate	How long	
Cardiac failure	1 day	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Dr. A. R. Walker	
	Address	
	Halls, Md.	
Accident or Suicide?		



Name  
in  
Full

Clara S. Speake

## CERTIFICATE OF DEATH

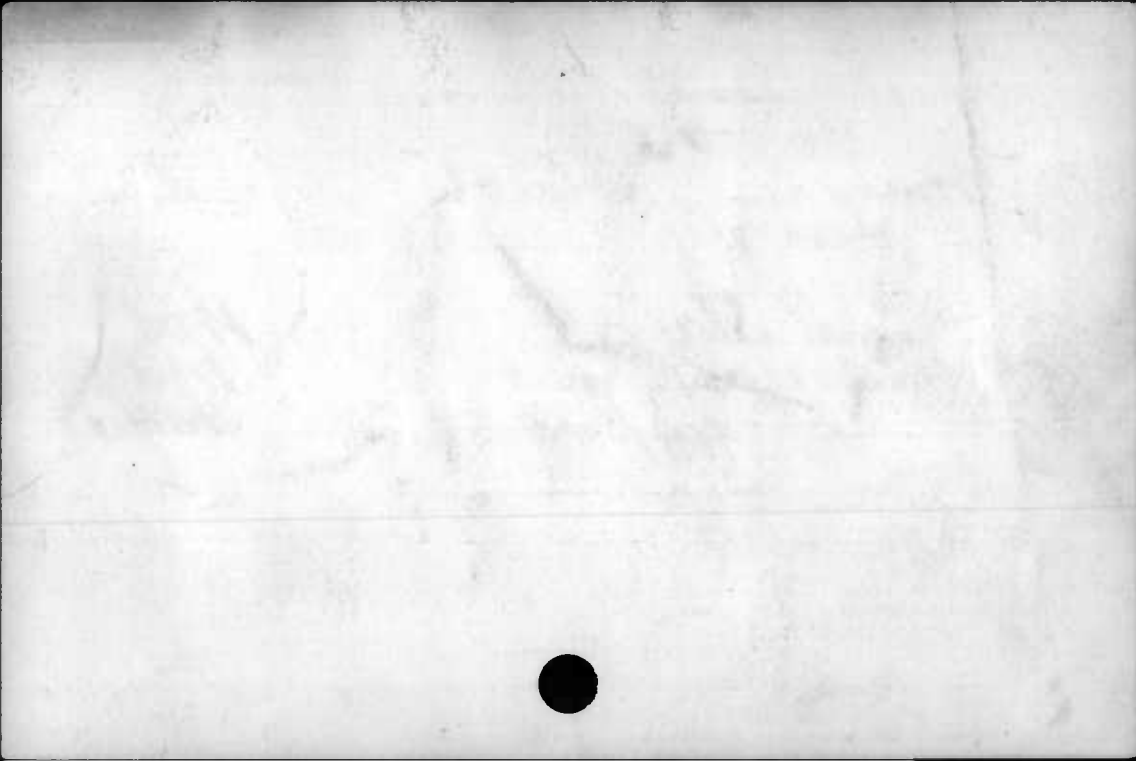
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brentwood</i>		Town		<i>Prince Geo</i>		County		MARYLAND	
Date of death <i>1905 Aug 23</i>		Month		Day		Age		Years Months Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Brentwood</i>					
Occupation <i>none</i>				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Charles Speake</i>				Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Clara Down</i>				Mother's Birthplace <i>D.C.</i>					
Name of person giving information <i>Charles Speake</i>				How related to deceased <i>Father</i>					

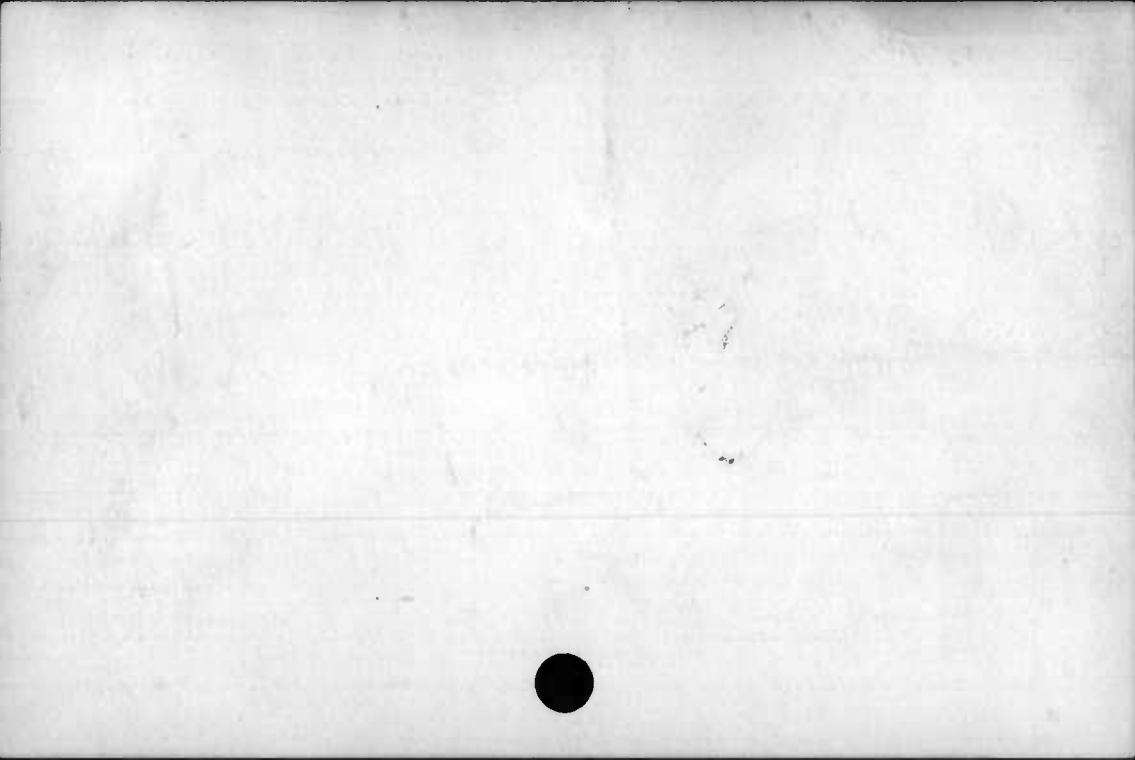
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro enteritis</i>	How long <i>15</i>	How long <i>2 months</i>
Immediate <i>asthenia</i>	How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. J. Patten</i>	Address <i>Hyattsville Md</i>
Accident or Suicide?		



Name in Full		Robert Spriggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Seat Pleasant		County Prince Georges		MARYLAND	
	Date of death 190	5	Aug	27	Age 21	Months	Days
	Sex	Male		Color or Race	Colored	Birth-place	Md
	Married, Single or Widowed	Single		Occupation	Laborer		
	Name of Wife or Husband						
	Father's Name	John Spriggs				Father's Birthplace	Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Maria Johnson				Mother's Birthplace	Md
	Name of person giving information	John Spriggs				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Natural causes				How long	4 months
	Immediate	Tuberculosis				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Augustus H. Dahler		
	Yes		Address		Bladensburg, Md		
	Accident or Suicide?		Acting Coroner				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

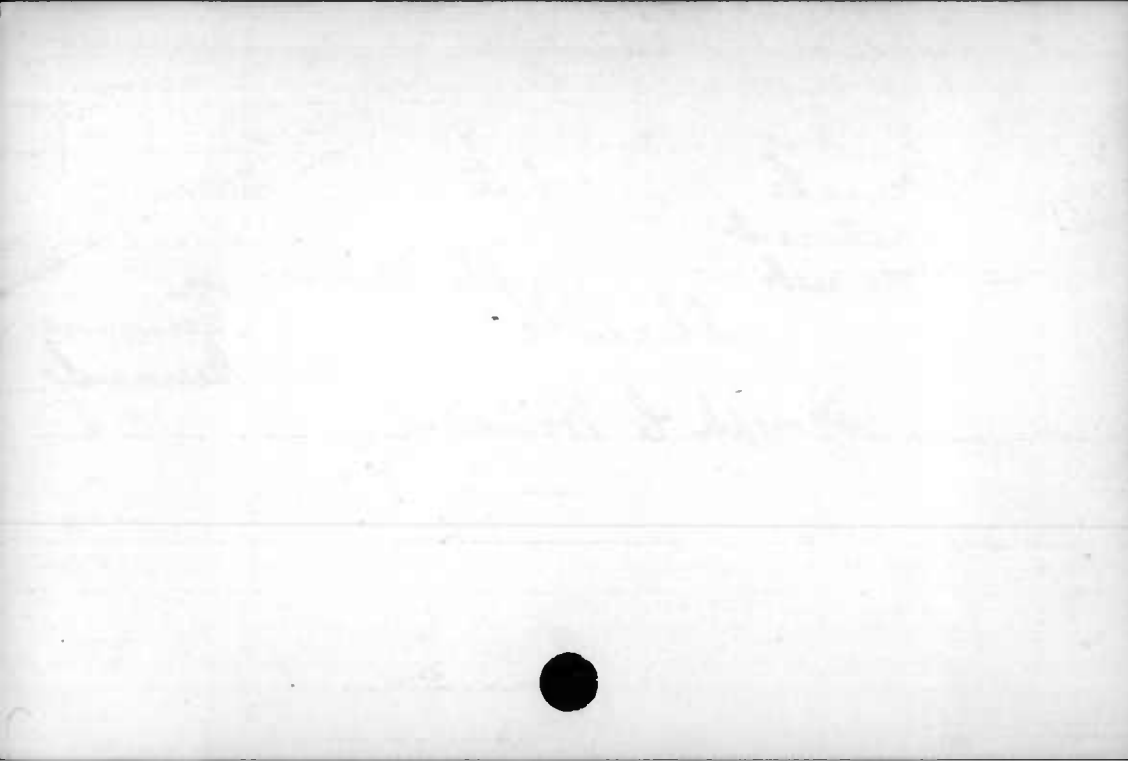
Name *Katie F. Taylor* Town *Camp Spring* County *P.G.*Died at *Camp Spring* Date of death *1905 Aug 11* Age *22* Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *Ind*Occupation *None* Where Residing if not at place of death *At home*Married, ~~Single~~ *Widowed* Name of Wife or Husband *Thomas Taylor*Father's Name *Wm. P. Allen* Father's Birthplace *Ind*Mother's Maiden Name *Georgianna Seewer* Mother's Birthplace *Ind*Name of person giving information *Thomas Taylor* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Tuberculosis* How long *4 months*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John L. Weary*Address *Clinton*Accident or Suicide? *—*PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westphalia</i> <sup>Town</sup>		<i>P. George</i> <sup>County</sup>		MARYLAND	
	Date of death <i>1905</i>	Month <i>aug</i>	Day <i>21</i>	Age <i>4</i> Years	Months <i>4</i> Days <i>—</i>	
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
	Occupation <i>none</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Charles George</i>	Father's Birthplace <i>Md</i>				
	Mother's Maiden Name <i>Ellen Harrison</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Jacob Harrison</i>		How related to deceased <i>Grandfather</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Adinities</i>	How long <i>64</i>		Since birth		
	Immediate <i>General Debility</i>	How long <i>none in attendance</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Samsbury M.D.</i>			
			Address <i>Forestville Md</i>			
Accident or Suicide? <i>—</i>						



Name  
in  
Full

Cathrine Widmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *East Hyattsville* <sup>Town</sup> *Prince Geo.* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Aug* <sup>Day</sup> *17* <sup>Years</sup> *80* <sup>Months</sup> *-* <sup>Days</sup> *-*Sex *Female* Color or Race *white* Birth-place *Germany*Occupation *retired* Where Residing if not at place of deathMarried, Single or ~~widowed~~ *married* Name of Wife or Husband *Joseph Widmann*Father's Name *Shakble* Father's Birthplace *Germany*Mother's Maiden Name *Germany* Mother's Birthplace *Germany*Name of person giving information *Joseph C. Widmann* How related to deceased *son*

## CAUSES OF DEATH

Primary *old age* *154* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

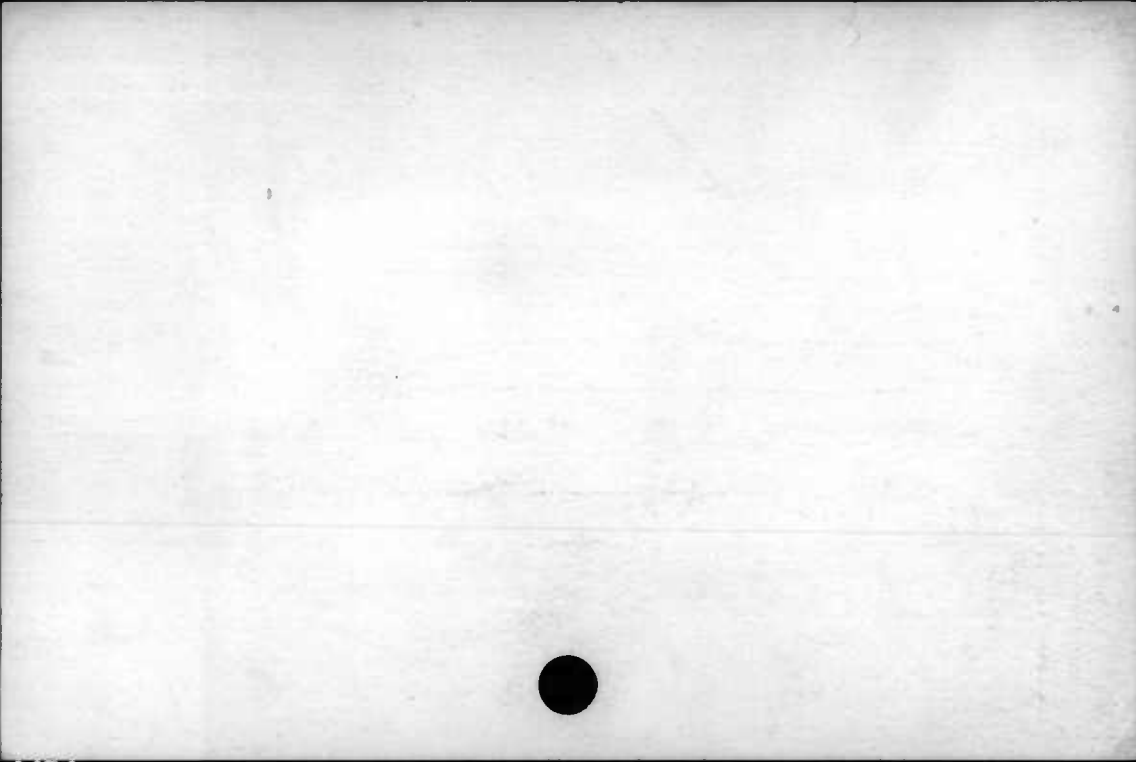
*yes*

Signature of Physician

Address

*Augustas H. Dahler J.P.*  
*Bladensburg*  
*Md*

Accident or Suicide?



Name in Full

Certificate of Death

Norm E. Wilcox

Town

County

Died at Piquette

MARYLAND

Date 1920 Aug. 4<sup>th</sup>

Y. M. D.

Native of

Occupation

Male

White

Age 3

Widow

Divorced

No. of children living

Husband

Wife

Father's Name

John Wilcox

Mother's Name

Emma Wilcox

Cause of Death Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, or an authorized coroner, undertaker, or minister

